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NE PERSONAL DESCRIPTION

Articles are, in many instances, listed in this index under more than one head. All Original Articles are listed under the heading "Original Articles." All important business items of the annual meeting as recorded in our September Journal, will be found under the heading, "Transactions of the House of Delegates." All Clinical Reports. Marriages, Deaths, Medico-Legai, Therapeutic Notes and Public Health Items will be found under those respective headings. Reports of County Societies and local organizations within their bounds, as well as those of State, National and International organizations will be found under Societies. "Abstracts from Medical Journals," "Editorials in our Journal," "Editorials from Other Medical Journals," "Editorials from the Lay Press" will be found under those respective headings. Brief items of current medical literature are indexed under "Miscellaneous Items." The abbreviations are as follows: (O) Original Articles; (C) Correspondence; (L) Laws and Legislation; (M) Miscellaneous Items; (P.H.) Public Health; (T.S.) Training School.

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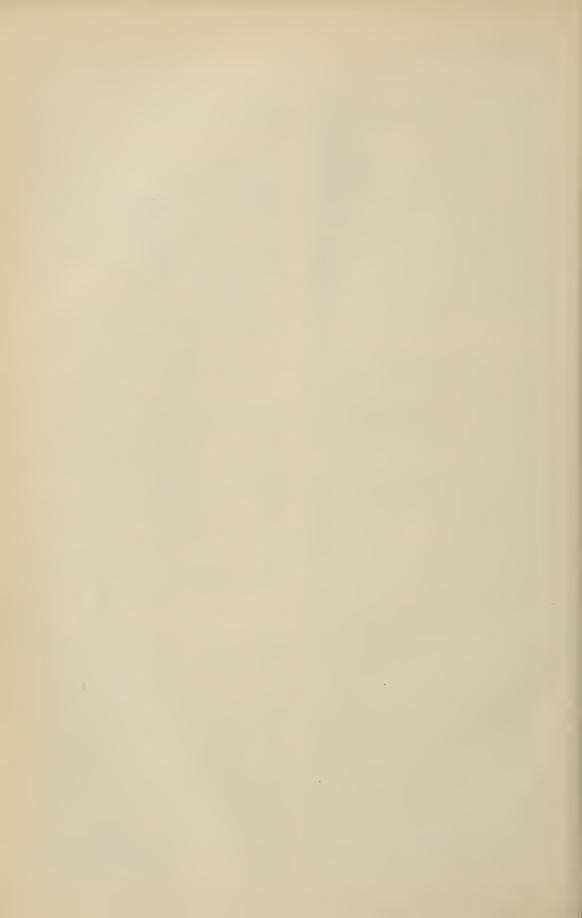
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MOSQUITO EXTERMINATION IN ESSEX COUNTY BY THE ESSEX COUNTY MOSQUITO
COMMISSION.*

By Ralph H. Hunt, M. D., East Orange, N. J.

During the season of 1902, the Legislature of the State of New Jersey passed the following act, entitled: "An act to provide for an investigation and report by the New Jersey Agricultural Experiment Station upon the mosquito problem of New Jersey, in relation to the sanitary, agricultural and other interests of the State." This act carried an appropriation of \$10,000. This gave the first impetus to mosquito control work in New Jersey.

Under the direction of Prof. John B. Smith, State Entomologist of New Jersey, the above appropriation was expended resulting in ascertaining the facts concerning the breeding distribution and methods of control of the mosquitoes in the State.

Many new facts concerning the life history and habits of the New Jersey mosquito were brought out by the studies of this brilliant mind, facts which were absolutely essential to the proper understanding of the problem of control. This work of Prof. Smith's stands out to-day as one of the important contributions to the world's knowledge. From this as a starting point, the work was taken up by Boards of Health in the various municipalities of the County with more or less earnestness and enthusiasm. Newark, South Orange, Elizabeth and East Orange took up the problem, and if no other results were obtained, at least men were found who became interested,

and a future for the work was established. Newark, especially, having within its precincts all of the salt marsh of the county, must be credited with a generous interest in the problem.

In 1906, another act was passed by the Legislature entitled, "An act to provide for locating and abolishing mosquito breeding salt marsh areas within the State, for assistance in dealing with certain inland breeding places, and appropriates money to carry its provisions into effect." This carried a total appropriation of \$350,000 to be expended annually in such amounts as should be appropriated each year by the Legislature. Under the impetus of this law, mosquito control took on a new lease of life

In this way the work was carried on from its inception in about 1902 up to 1912, the State and advisory work being taken care of by the State Experiment Station, the local work being carried on by the local Boards of Health. To those of us who had been in the thick of the fight, several facts stood out which prevented good results: Firstly, there was not enough money available to work out the problem; secondly, a neighboring municipality by lack of interest or inability to get funds could negative the earnest efforts of others and fill their precincts with mosquitoes. The need of a mandatory law was evident and such a law was drawn up and presented to the State Legislature by representatives of the North Jersey Mosquito Extermination League. Strange to say, the law was passed without much opposition, and it became operative in the season of 1912.

In brief this law authorizes the appointing of a commission of six members in each county to be named by the Justice of the Supreme Court to run for terms of one, two and three years respectively, two of

^{*}Read at the 148th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 30, 1914.

these members must be or have been members of Boards of Health. Such commission each year must present their budget with plans of work to be done during the year, to the Director of the State Experiment Station. Such budget, after the approval of the director is mandatory upon the County Board of Freeholders. It was under the provisions of this law that the Essex County Commission was named by Justice Gummere of the Supreme Court. The personel of the commission in its three years of existence, has not been changed. Three members of the commission were chosen by reason of their known interest and knowledge in the work, the others for the reason that they were good sound business men well known to the community.

As the problem of the control of any insect is largely a problem of its behavior, it seems first a wise thing to discuss the habits and environment of the principal varieties of mosquitoes which are a pest in our own county. The two most prevalent varieties are bred only in the brackish waters of the salt marsh: (1) Culex Cantator. A rather large mosquito, brownish in color, its leg joints marked with characteristic bands of inconspicuous white; (2) Culex Sollicitans. A very characteristically marked mosquito, the legs being banded conspicuously with white and the whole insect being of a gravish cast. As the habits of these two varieties of salt marsh mosquitoes are, so far as known, identical a common description of habits will answer for both.

Salt Marsh: Our county is blessed with about 4,500 acres. This land was drained originally by natural creeks, which intersected the meadows at intervals, their waters ebbing and flowing with the tides. The turf of the meadows is composed of a soft mud held together by the roots of the meadow grass and cat tails. Everywhere throughout the meadows there formerly existed large pools which furnished the places for the development of the eggs of the mosquitoes.

The female mosquito after impregnation, deposits its single eggs in the meadow mud around the pools and wherever its instinct tells it that they may come to maturity. These eggs may remain in the mud viable for a number of years awaiting the time when the conditions of water and weather are right for hatching. It will thus be seen that it is possible for a crop of mosquitoes to emerge from a marsh in

any given year though the eggs may have been laid a number of years before. It is absolutely necessary that these eggs should be covered with water in order that they may hatch. The hatching having taken place, the larval or wriggler stage is reached. Then in a longer or shorter period the pupal stage comes on, and from this the insect wings its way into the world. The period of time necessary for the change from egg to the winged mosquito depends upon the season of the year, that is the temperature of air and water. The first larvae appear about the first of April and the first winged mosquitoes appear on the meadows by the first week in May. So soon as the winged mosquito emerges its first aim in life seems to be to insure the existence of the species by mating and the deposition of eggs in the mud. This having been done, the next aim is to go to the uplands and prey upon anything in the way of animal or man which may appear.

The male mosquitoes do not bite. This delicate function is entrusted entirely to the female. The motto of this mosquito seems to be "Westward Ho." They travel in vast hordes. Their range of flight so far is at least thirty-five miles; specimens having been taken at such a distance from the nearest salt marsh. These mosquitoes never breed in fresh water or any other than salt or brackish water. It is probable that these mosquitoes never return to the meadows after the westward migration. It will be seen from what has gone before that the preservation of the species has already been looked after. The length of life of this mosquito is hard to determine, though it is probable that four to eight weeks is its duration. They are not hibernators.

The habits of this mosquito when in the upland are quite characteristic. They never enter houses from choice, screening windows is not necessary to protect against them. They prefer to live in the grass, fields, lawns, shrubberies, etc. It is this mosquito which one finds in the garden, on the golf links, on the porches and in the fields. Unless disturbed this mosquito does not become active until about dusk and by 10 o'clock usually it becomes quiet and does not annoy. It is probably this mosquito which has given New Jersey its record as a mosquito State. When unchecked by scientific methods it comes inland in vast hordes and life is rendered almost unbearable. It is our opinion that up to about the first of July, these salt marsh mosquitoes are the only positive mosquito nuisance in Essex County.

It has been determined that the larvae of these mosquitoes can maintain a sort of suspended animation in the soft mud of the pool in which they are growing, should the water be drained off. It has been our experience to watch them come to life and go on developing after five or six days in the mud when water again covers them.

Fresh Water Mosquitoes. The only variety which I shall describe is the Culex Pipiens, or house mosquito. This mosquito, with the salt marsh varieties, mentioned above, constitute the real mosquito nuisance of the county. Culex Pipiens is a small brown mosquito. Many of the females hibernate in protected places such as cellars, cavities in trees and wherever they may be protected from the frost and weather. In the spring about the first of May the females leave their hibernation quarters seeking only water where they may deposit their egg boats. These egg boats contain about 150 to 200 eggs and are perishable. In the first of the season it requires about three to four weeks for the winged mosquito to develop from the egg, through the larval and pupal stages. As the weather becomes warmer the period is reduced to about eight to ten days. Foul water is preferred by the insect as a place for depositing its egg boat, but no water is too clean or too foul to be attractive. As a matter of fact the principal places where we find the breeding is in sewer catch basins, brooks, pools, gutters, rain barrels, unused cisterns, manure pits, etc.

As with the salt marsh varieties, the first object in life is reproduction. After that it suffices to become a serious pest. These mosquitoes seek the house and will not be denied entrance, following people, animals or any object which enters an open door or window. The ordinary twelve mesh to the inch screening makes a pleasant thoroughfare for them. They probably cannot pass through a fourteen mesh to the inch, and certainly not a sixteen mesh to the inch. This is the mosquito with which we are all familiar as bothering us during sleep in the bed room, with its abhorrent and dreaded song.

The length of life of this mosquito is hard to determine, but it is probably of short duration except in the case of hibernating females. Different from the salt marsh mosquito, it is busy all of the night beginning its attack in the early evening.

Its range of flight was formerly considered to be at the best not more than five or six hundred yards. It has been our good fortune to demonstrate that the flight of this mosquito may extend for four or five miles. It will thus be seen that the control of this mosquito may require work at a distance of at least four or five miles from the point of nuisance. This mosquito reaches the height of its greatest prevalence about July 15th, and is continuous from that time until the cold weather of fall.

In passing, three other varieties of mosquitoes which claim a part of our attention must be spoken of. Anopheles mosquitoes are only mentioned because of the fact that they are the carriers of malaria. varieties are common in the county, but the variety, Anopheles Maculipennis will be mentioned as it is the only one known to carry malaria. All have common habits. These mosquitoes are hibernators, laying eggs singly or in masses on the surface of the water and develop as the other varieties. Range of flight is probably one to three miles. Almost entirely nocturnal in their habits and are a bed room mosquito. They breed principally along the edges of clear watered streams or springs.

There are two other varieties of fresh water mosquitoes: Culex Canadensis and Culex Sylvestris, which are of some interest. These are the so-called woodland varieties. These breed in the early spring in woodland pools and are not hibernators. It is our observation that these woodland mosquitoes are not a numerous pest in the county.

METHODS OF CONTROL.

It is perhaps best to first take up the methods employed in the salt marsh work. As stated before, the marsh land is intersected by natural creeks which originally gave the only drainage. The water in these creeks is tidal. Everywhere the meadows are filled with holes, places where in some way the sod has disappeared. These pools fill up with the high inflowing tide and if the water remains long enough breeding is sure to take place. The water comes in with the tide in these creeks and also seeps in through the meadow land itself. A hole excavated anywhere on the meadow immediately fills with water. The only rational and practical way to prevent its collection is by excavating ditches so that the water will have an outlet. During the work on the meadows of Essex County

since 1902, more than a million feet of ditches have been dug. The ditches are generally placed about fifty or one hundred yards apart, depending upon the nature of the particular piece of meadow The ordinary ditch is dug with a patent spade giving a ditch ten inches wide and thirty inches deep. Every fourth or fifth ditch is doubled in capacity. Of many of the meadows the conditions of drainage are so poor that it is necessary to excavate large trenches. During the present season we have been obliged to cut a trench with a steam dredge 2,000 feet long, five feet deep and thirteen feet in width. At present we are engaged in digging a trench in the Ebeling tract 4,300 feet long, thirteen feet wide and five feet deep. We hope with this ditch to obtain drainage on one of our worst sections of meadow. This ditch is dug by a steam dredge and will cost in the neighborhood of \$2,000. former times it was held that areas of meadow which grew cat-tails were free trom breeding. Just why such an erroneous observation was made we do not know, but we do know that these areas are the worst breeders with which we have to deal. This one addition to our knowledge of salt marsh breeding has increased our efficiency many fold.

Another fact ascertained by our commission of immeasurable value was the demonstration of the fact that certain sections of our salt marsh were prolific breeders of Culex Pipiens, the house or fresh water mosquito. About July 15th, 1913, a severe infestation of this variety of mosquito attacked the southern and northern sections or our county. By a series of collection, and observations these broods were definitely located as coming from the Ebeling tract of the Essex County marsh, and the Franz Creek section of the Hudson Coun-The larvae were found in ty meadows. abundant quantities in these marshes and upon being bred out in the laboratory, proved themselves to be Culex Pipiens. This was a new fact in mosquito breeding, and along with it came the knowledge that this variety of mosquito was capable of and did migrate four or five miles from the point of breeding.

The explanation was easy. These sections of meadow were drained by artificial ditches which were nothing more or less than open sewers taking part of the sewage of the City of Newark, and of West Hudson towns. As the high tides came in the

sewage overflowed the banks, covering the meadow, giving an ideal condition for the breeding of fresh water mosquitoes. Easterly winds and high tides give conditions which cannot be met by any drainage proposition known to us. It seems that until better methods are discovered we will always suffer from the salt marsh mosquitoes in greater or lesser degree under stress of such unfavorable conditions.

The use of tidal gates in the ditches aids somewhat in the drainage problem. Hydraulic gasoline pumps and hydraulic fills are other methods which are being used. Apart from the problem of drainage the use of oil, while costly and difficult in large areas, sometimes gives excellent results. In regard to the fresh water or inland work, the problem is one of careful inspection by districts and the free use of oil, and drainage.

GENERAL PLAN.

All employees of the commission are under Civil Service regulations.

The commission divided the county into forty-three districts, placing an inspector in charge of each one. This inspector was directly responsible to his chief for the mos-

quito breeding therein.

These inspectors were chosen by a competitive examination given them by the commissioners. Three hundred applicants presented themselves. These inspectors were appointed for sixty days only, as at the end of that time it was necessary for them to pass a Civil Service examination. At the final Civil Service examination we were able to retain forty of them. Later it was necessary to increase the force to forty-six, which was done, and the men were assigned to districts as follows:

Newark, 19 districts; Belleville, 2 districts; Nutley, 1 district; Bloomfield, 2 districts; Montclair, 3 districts; Glen Ridge, 1 district; Verona—Cedar Grove, 1 district; South Orange Village, 1 district; The Cadwells—Essex Fells, 1 district; Livingston, 1 district; East Orange, 4 districts; Orange, 3 districts; West Orange, 3 districts; Millburn, 1 district; South Orange Township, 1 district; Irvington, 2 districts

This force was managed by a Chief Inspector, an Assistant Chief Inspector and two Deputy Chief Inspectors. One inspector devoted his entire efforts during the summer to salt marsh ditching, draining, etc., and was in charge of nine laborers for a greater part of the time. The oiling of

sewer catch basins was in charge of a foreman. A force of laborers averaging about thirty-two men was employed throughout the season.

The inspector was charged to enter the premises of every householder and to eliminate every breeding place found therein. He carried with him an oil can; he was instructed to overturn all types of receptacles where possible and to oil such as could not be overturned. Tin cans and rubbish were removed either by the inspectors themselves where the quantity was small, or by laborers where the quantities were large.

ed in a similar capacity in East Orange, Orange and West Orange.

Many large swamps have been drained and rendered safe from mosquito breeding in Newark, Irvington, East Orange, Nutley, Belleville, Bloomfield, Glen Ridge and South Orange, and many more remain to be cared for.

The offices of the commission were managed by a secretary, assisted by a steno-grapher.

A report of the operations of the field force of the commission is presented herewith which will be found of great interest.

	Barrels and Tubs.	Water in Cellar.	Pools.	Cess-Pools.	Other Receptacles.	Cisterns.	Wells.	Roof Gutters.	Manure Pits.	Catch Basins.
Newark	4,225	44	101	14	3,764	88	73	2	40	3,642
Belleville	994	47	34	60	621	37	176		122	
Nutley	174		14	82	7.00	186	262		30	1 50
Bloomfield	330		20	95	199	69	161	0.4	15	150
Montclair	170	2	6 5	124	268	34	80 19	24	461 35	1,500
Glen Ridge	272			2	93	20 17	164		4	
Verona, Čedar Grove South Orange Village	61 188	1	9 11	29	413 502	87	51		84	250
The Caldwells, Essex Fells		1	29	102	2,500	40	17	100	112	200
Livingston	76		29	102	2,500	91	154	100	112	
East Orange	357	20	17	11	472	172	41	2	153	1,120
Orange	563	21	2	116	1,374	173	67	~	306	275
West Orange	167	~1	17	115	106	59	57		143	710
Millburn	209		38	5	36	62	6		5	
Irvington	247		25	2	13	51	155		117	25
South Orange Township.	58		8	5	225	10	6		5	
Totals	9,219	135	358	770	10,586	1,196	1,489	128	1.639	6,962

These inspectors were required to cover their entire territory once in every ten days in hot weather, and in fifteen days when the weather was cooler, and were assisted when necessary by laborers. The laborers did the work of burying cans, opening ditches, filling holes, draining and otherwise doing the work which was found necessary in various parts of the county. A number of large swamp areas were drained sufficiently to prevent breeding, or to concentrate standing water in the ditches where it could be inspected and oiled regularly.

A number of horses and wagons were employed during the season for hauling oil at an expense of \$1,500 throughout the season. These were hired intermittently as the accasion demended. Two horses and wagons were employed steadily throughout the city of Newark oiling sewer basins. A third team was steadily employ-

The above figures represent the total number of cisterns and wells found. About 25% of the cisterns were breeding and 5% of the wells. Particular attention is called to the large number of barrels and tubs that were found breeding mosquitoes—a total of 9,219 for the county.

Among the worst breeders throughout the county were the cisterns. Most of those in the City of Newark are wholly useless and exist contary to law, and the Board of Health of the city of Newark is beginning to co-operate with us for their elimination.

WINTER OPERATIONS.

During the months of fall and winter when there is no breeding of mosquitoes, we intend to spend our best efforts in permanently abating breeding places throughout the county. This will be accomplished inland, by an earnest endeavor to fill up

16,010

288,000

2,156

4,500

with ashes or other material all depressions in land where mosquitoes were known to breed, and by the ditching of swampy areas. As far as the salt marsh is concerned, it is our aim to lay out the entire areas in tenacre plots so that the work there may be thoroughly systematized, and render it more easy of closer inspection in the breeding season.

We are now preparing maps locating all of the known mosquito breeding spots in the county. This will add much to the efficiency of our work during the coming sea-

Belleville.....

Salt Meadows...... General Work......

The following statistics by townships of the work done in 1913 is appended:

establish. Unusual conditions of rain, tide or winds make the problem at times most complex. Our commission is subject to the same annoyance as any other organization in the character of employees. Conscientious work on the part of inspectors is an absolute necessity. One soldiering insepector can negative the good results of a half dozen good men. Constant checking up of work is necessary to correct this evil.

COST OF WORK.

There follows two financial statements:: one from May 31, 1912 to October 31, 1912 and one from November 1, 1912 to November 1, 1913. Also the expenditures by

	SEASON APRIL 15 TO OCTOBER 1, 1913															
		rs	of rs	hs 50		FOUND BREEDING MOSQUITOES										ins.
	MUNICIPALITY	Number of Inspector	Number of Assistant Inspectors	Number of Laborers	Barrels	Tubs	Containers	Cisterns	Containing Water	Wells	Swamps	Pools	Brooks†	Gallons of Oil	Catch Basinst	Yard Inspections
11	Bloomfield	2	1	1	314	53	303	137	26	8	102	302	35	3,901	150	16,798
Ш	Glen Ridge		1		87	4	28	9		4	32	34	3	92	106	2,440
Н	Montelair*	l î	2		23	11	226	19	5		19	103	41	725	1.500	15,620
Ш	Caldwell and Essex Fells	Î	3		107		~~~				25	775	30	831		1,710
Ш	Livingston	1	i	1	62		1	5			41	64	6	599		1,606
П	Verona and Cedar Grove	1	1	2	20	5	39	6			52	350	5	791		1,000
Ш	South Orange Township	1		2	18	1	90	6		6	6	155	32	1,992	15	1,042
И	South Orange Village		1	2	106	15	28	12		→1	12	48	1	1,172	250	7,876
Ш	East Orange	4		1	256	26	233	42	25	5	25	89	8	1,221	1,120	81,780
Ш	West Orange	2	1		76	17	345	9 '	1	5	82	418	66	2,794		21,378
Ш	Orange	3			47	18	613	11	12		17	76	16	274	275	57,402
Ш	Irvington	2		1	57	11	43	8	7	9	98	92	23	1,125	25	11,748
1	Millburn	1		2	140	18	95	34	2		106	555	15.	4,138		12,328
ш	Nutley	1 1	1 1	1	QQ	6	930	33	1	6	91	53	19	1 350		14 734

TABLE OF STATISTICS

17

107

517

847

949

91

189 1,306

DIFFICULTIES TO BE SURMOUNTED.

These are many. First from what has gone before, it will be understood that mosquitoes are no respectors of county or township lines. Mosquitoes with a range of flight of from five to forty miles can easily be bred and infest a county far from the jurisdiction of a county commission. Our neighbors in Hudson and Union are doing good work, yet should they fail, we suffer. Again, no work has ever been done on the 10,000 acres of salt marsh in Bergen County. At present our commission is maintaining a force in Bergen County. Improvement work on the meadows by the building of streets, railroad spurs, or reclamation often results in the blocking of drainage which has acquired moneys and brains to

districts for the year November 1, 1912 to November 1, 1913.

334

662 3,595

In round numbers the available appropriation for mosquito work was in 1912, \$65,000, with an emergency additional fund of \$10,000, which latter was not used. Appropriation for 1913, \$70,000, Appropriation for the present year, \$59,100.

EXPENDITURES BY DISTRICTS.

Newark, \$17,739.44; Newark Meadows, \$18,338.; Belleville, \$2,294.84; Nutley, \$1,079.39; Bloomfield, \$2,438.99; Glen Ridge, \$790.17; Montclair, \$2,133.83; East Orange, \$3,628.42; Orange, \$2,492.17; West Orange, \$2,503.24; South Orange Village, \$2.020.90; South Orange Township, \$1,415.36; Irvington, \$2,092.79;

^{*}Board of Health employed two additional inspectors.

¹¹⁴ -Represents number of times treated-

[‡]Oiled twice monthly or 67,194 applications during summer. †15.74 miles of brooks cleaned out in different parts of County.

Verona and Cedar Grove, \$1,314.81; Livingston, \$1,089.37; Millburn Township \$1,699.30; Essex Fells, Roseland, Caldwells, \$2,242.97; total, \$65,313.99.

increase the valuation of real estate by millions of dollars. The peaceful enjoyment of our homes in mosquito season is absolutely impossible if the pest is un-

FINANCIAL STATEMENT—MAY 31ST TO OCTOBER 31ST, 19 Receipts.	
Board of Chosen Freeholders	\$40,000.00
Inspectors\$18,578.81	
Laborers	
Oils	
Horses and Wagons 1,535.50 Salt Marsh Ditching 1,000.00	
Miscellaneous	
Equipment 2,309.96	
Tools and Implements	33,235.65
Office Salaries	
Office Expense	2,081.58
	35,317.23
Balance in Banks	4,682.77
VOLDA VA DO 100	\$40,000.00
NOVEMBER 1ST, 1912 TO NOVEMBER 1ST, 1913 Reccipts.	
November 1, 1912 balance	\$ 4,682.77
Board of Chosen Freeholders	, 0,
Interest on deposits	252.83 2.30
icitings	2.30
Disbursements.	\$80,037.90
Inspectors\$25,218.61	
Laborers 17,862.02 Oils 3,208.09	
Horses and Wagons 2,418.13	
Automobiles and Motorcycle	
Salt Marsh Ditching 8,913.00 Miscellaneous 631.45	
Miscellaneous	
Tools and Implements 441.97	
06 61 :	61,599.25
Office Salaries	
	3,714.74
	65,313.99
Balance in Banks	14,723.91
	\$80,037.90

The benefits to be derived in our county from control of the mosquito are too evident to need much attention. It is not primarily a health problem, although we hope to lessen the malaria. The depreciation in real estate through the mosquito pest is a real industrial problem. All are united in saying that certain results in our work will

checked. One has only to experience an infestation of New Jersey mosquitoes to realize how uncomfortable life can be. In South Jersey thousands of acres of good farms land are lying idle because of this pest.

The mosquito has always from early continental times been a reproach to New Jer-

sey, and it is our duty as progressive citizens to do what we can to remove this

stigma from our commonwealth.

The present results of the work speak for themselves. All of our investigations lead us to the conclusion that the work is progressively effective. The newspapers in the county are all friendly and their favorable editorials reflect the general opinion of the public. I append the opinions of the Health officers of the county as to the results of the work up to the beginning of 1914.

Dr. George Herbert Taylor, health officer, South Orange Township: "I hear nothing but compliments for the work from our citizens. We have had a few mosquitoes from time to time, but nothing like former years. I am very much pleased with the work."

Dr. A. C. Benedict, health officer, South Orange Village: "We have been quite free of mosquitoes this summer. The conditions have been even better than last year."

Mr. Chester H. Wells, health officer, Montclair: "We had no mosquitoes until July 15th, when they became troublesome until August 1st, since which time they have not been noticed."

Mr. R. Brand Smith, health officer, Belleville: "Mosquitoes have been more or less troublesome all summer. While there does not seem to be as many as in former years, still there is lots of room for improvement.'

Mr. George Hawkesworth, secretary, Nutley Board of Health: "Nutley has had mosquitoes all summer. While I can see improvement in conditions, I think Bergen and Passaic Counties which have not begun operations are responsible for our mosquitoes."

T. Bowman, health officer, Mr. Win. East Orange: "We have had a few mosquitoes both Pipiens and Cantator since July 15th. East Orange was free up to that time. However, they are far from be-

ing as bad as in former years.'

Dr. Morris Farkas, health officer, of West Orange: "I am elated over the success of mosquito control in West Orange. find no trouble sitting on the porch evenings."

Mr. J. K. Clickenger, health officer, of Irvington: "We have had a few mosquitoes at times this summer, but the work as a

whole has been very satisfactory.'

Dr. Wellington Campbell, health officer, of Millburn: "Aside from a short period in the spring, Millburn has been entirely free of mosquitoes. I have noticed only one in my house all summer."

Col. J. C. Sprigg, president, Joint Boards of Health, including the Caldwells and Essex Fells: "No trouble has been experienced in these districts and our people are satisfied with the results which do not seem possible in the short time the commission has been at work."
Mr. James E. Brooks, health officer,

Glen Ridge: "House mosquitoes are very scarce in Glen Ridge, although we have had Cantator (salt marsh mosquitoes) at times. Nobody seems to be complaining.

Dr. J. C. Saile, health officer, of Bloomfield: "While mosquitoes have not been troublesome in Bloomfield to date, I think the commission should have done more ditching and less oiling."

Mr. Amos Harrison, member of Board of Chosen Freeholders, Livingston Township: "I have noticed a great improvement in the mosquito pest at Livingston this year."

Mr. David D. Chandler, health officer, City of Newark: "Newark, aside from its Clinton Hill and Forest Hill sections, has been quite free of mosquitoes this summer. I took steps to ascertain these facts from our inspectors."

Most any community has its own mosquito problem different from that in any other part of the world. All mosquito work in this country is judged by the widely advertised success of the methods employed in Havana and Panama. The ease with which the work has been accomplished in regard to the Stegomya or yellow iever mosquito, is explanable when one understands the natural history of this particular mosquito. It lends itself by its habits to easy destruction, and whenever the work has been attempted easy and quick results have been obtained. This mosquito can well be called the cat and dog variety. In other words it is a purely domestic mosquito, never breeding far from man. A thorough house-to-house inspection is all that is necessary. The difference in their problem is also illustrated by the difficulty which all have had in controlling the Anopheles Macculipennis, or malarial mosquito. They have malaria in Panama to-day and the Anopheles mosquito is still there. The reason is plain. The mosquito breeds in places and has habits which are far more difficult to control than the Stegomya.

So far as is known there never has been a mosquito problem so diversified and difficult to control as the salt marsh and Pipien mosquito. They do not know this mosquito in Panama and the tropics. The pioneer work has been done right here in New Jersey, and the reason of the difficulty of our problem lies in the habits of the mosquitoes which we are fighting.

The future holds out the brightest promises for the work. With the increased knowledge of the habits of the mosquitoes, learned through experience, we are much better equipped to carry on the fight. It is our belief and hope that a successful issue will crown our efforts. We do not expect to be successful at once, but believe that each year will show a steady decrease of the pest. We only ask of the people that they look upon our work with patience and trust.

DISCUSSION.

Thomas J. Headlee, Ph. D., New Brunswick: I can perhaps do no better in the time alloted to me for discussion of Dr. Hunt's paper than to set forth in a brief fashion the progress made by the State-wide anti-mosquito movement. Trenching the marsh in the fashion devised by the late Dr. John B. Smith, has continued until a little more than 100 miles of coast has been more or less satisfactorily covered. In a connected fashion this type of drainage extends from Jersey City southward to Manahawkin. In Atlantic County the marsh has recently been drained from Absecon to Somers Point. A considerable amount of drainage was established in the marshes of Cumberland County at Sea Breeze Point.

The results of this work have been manifested in the reduction of mosquitoes and the increase in the amount of salt marsh hay which could be harvested. The former was the purpose of the ditching and the latter incidental to it.

The reduction of mosquitoes has led to increases in value in real estate adjacent to the drained marsh. For instance from Jcrsey City of Bayhead shore-line, property values have increased about \$5,600.000. The great percentage of increase has been in the residential portions, reaching in one place (Morgan) 30 per cent. It is conservatively estimated that the freeing of the coast south of Bayhead and along the Delaware Bay would result in a few years in an increase in real estate values of at least \$23,000,000.

The increase in the production of salt marsh hay is a matter worthy of consideration. The undrained marsh produces an average of about .7 of a ton of hay per acre as compared with an average of 2.6 tons per acre from the drained marsh. This means a difference in annual yielding power of about \$15 an acre. Such an increase in productivity should raise the value of the salt marsh by about \$3,000,000.

In 1912 a new agency was devised by means of which it was hoped really efficient local mosquito extermination work could be carried on. By statute the supreme court justices were called upon to appoint in each county a body of six representative men, whose duty it should be to organize a mosquito fighting ma-

chine by means of which the people could be given relief from the pest. Under this statute the men appointed have been of uniformly high character. For the most part in counties where mosquito work was not desired by a substantial part of the population, no work whatever was undertaken. In counties where it was desired the commissions have organized and have gone to work. In 1912 Essex and Union took it up. In 1913 Hudson and Atlantic began. In 1913 Passaic, Cape May and Camden did a very limited amount of work. In 1914 Essex, Union, Hudson and Atlantic continued their county-wide work, and Passaic, Bergen, Middlesex and Camden undertook and carried on partial work. In Passaic attention has been localized largely to the City of Passaic. In Bergen the efforts have been centered on education. In Middlesex the control of the salt marsh species has been attempted and the control of the fresh water species in Metuchen is being carried out. In Camden a campaign of education has been planned and an attempt to free Collingswood from mosquitoes is being made.

The success of the 1912 efforts has been attested by newspaper reports and commendatory letters, and by the unity of Essex and Union Counties legislators in favor of the continuance of the law. The success of 1913 work was attested in a similar manner. Complete control in all parts of the territory covered has not yet been attained, but the relief afforded has been sufficient for the commissions to gain support.

Facts new to mosquito control have been discovered constantly. An example of this is found in the increase of our knowledge of culex pipiens Linn. A few hundred yards was formerly thought to cover the migrations of this species. Now we have conclusively proven that culex pipiens breeding abundantly on a sewage-charged marsh may spread over adjacent upland a distance of at least 2½ miles. Dr. Hunt believes this species to spread even farther.

Long steps toward mosquito control, in large measure due to the intelligent work of the physicians and sanitarians of New Jersey, have already been taken, but we are really only at the beginning. A large portion of our mosquito-ridden coast is untouched and the people, on whose co-operation the work depends, do not believe that it can be done. The lump that must be leavened is large and the earnest co-operation of all interested in mosquito control is earnestly sought.

Dr. William E. Darnall, Atlantic City; Mr. President and gentlemen of the Society. Every locality has its own problem. The problem in South Jersey is very different from the problem as described to you by Dr. Hunt in North Jersey. The problem in South Jersey is largely a problem of the salt marsh mosquito, or culex solicitans. It is true that we have our local breeding problem, as all communities have. We have to take care of that by constant inspection and the eradication of local breeding places, but after all the big question with South Jersey is the salt marsh mosquito. When it is remembered that in Atlantic County alone we have 53,000 acres of salt marsh, all more or less breeding mosquitoes, it can be seen what a tremendous proposition it is in South Jersey and what I say about Atlantic County applies to every other county in South Jersey. Now I am showing you this map of Atlantic City. We have been actively engaged in Atlantic City for just one year and one month and this represents the number of local mosquito breeding places in Atlantic City which we cleared up last summer. You will see what I mean, these little red spots denote water under the basement, a barrel in the back yard, a bucket standing somewhere or water collected under a house, or a business building where breeding has been found. The result is that Atlantic City at the present time is almost rid of the house mosquito or culex pipiens. The culex solicitans is a very different proposition. It means that the movement for this extermination must be State-wide. We are bound to get mosquitoes until all of the marsh land is cleared up. Even when all of the Atlantic County marshes are cleared up we will still have to contend with the mosquitoes that blow to us from Cape Maye County or in the other direction, from Burlington County. This is the projected map of Atlantic County, the red line showing the boundary of the county. Now the marsh area lies back of Atlantic City, here, extending all along here. (Indicating on the map.) Here is a tremendous area of salt marsh running up the Mullica River, and here this tremendous area running up the Tuckahoe River and Egg Harbor River. We have drained practically from Somers Point to Absecon, a distance of about eighteen miles, which we think will fairly well relieve Atlantic City and the shore road. Our greatest problem is here. (Indicating.) Suppose we have cleaned up all this and have no breeding on it. Let a good stiff land breeze come from the southwest or across the English Creek and Pateong Creek area back of Point Somers and it will mean a visitation of a great horde of culex solicitans for Atlantic City. Fortunately for us, the prevailing direction of the winds through the summer time is from the ocean so that we do not often experience this in the summer time. The great problem that South Jersey has to face is to get enough money, and get it fast enough for the work. If we had the taxable property in South Jersey that you have in Jersey City, Newark, the Oranges and the upper part of New Jersey, which contains the bigger eities, perhaps we would have enough money to earry this work on, but Atlantic County is the only county south of Caniden where there is a large tax budget. Unfortunately the poorest counties financially are the counties containing the largest amount of marsh land .. Therefore the State must do a large part of this work from the State appropriation, and it is necessary that the State appropriate money for this purpose in larger amounts than they have done in the past in order to make the work of mosquito extermination effective. We have put in Atlantic County in the last thirteen months, with the help of the State, about one million feet of ditches. We feel that if we can prosecute the work in our own county for one or two more years actively; that the main centres of population of the county, including Atlantic City, the Shore Road and Hammonton, will be fairly well relieved of this pest. I must say that as far as the upper part of the County is concerned, in the neighborhood of Hammonton, they are practically free of mosquitoes, even at present because they are 30 miles from marsh land. It is exceptional when they get mosquitoes. The local board up there has practically cleared that community of the local mosquito, known as enlex pipiens. This plot shows the method of draining by ditching. You will note the parallel ditches which run into the large trunk. These are about 100 feet apart and they drain an area of salt marsh 80 feet en each side. If you will walk out on those marshes where this system of ditching has been put in, you can go over it dry shod with shoes shined; where it has not been drained you will find the marsh soggy and wet. There is no question about the importance of this matter to the State. There is no question that it will mean much to the State of New Jersey if we can, by a concerted effort all over the State, rid it of mosquitoes. As far as the name of New Jersey is known, so is its reputation for mosquitoes known all over the world. New Jersey even at the present time is far in advance of other States with this work. If we -the most notorious State in the Union-can be the first to clear up the mosquito pest, I think we will have accomplished a great deal and will set a pace that other States must follow.

Dr. George H. Sexsmith, Bayonne: One question brought up early in the discussion, or in the paper, referring to the proofs as to the efficacy of the plans laid out for the extermination of the mosquito is of interest to me. I live in Bayonne, which is the extreme southern end of Hudson County; a narrow strip of land lying between New York and Newark Bays, being separated from Staten Island by a narrow strip of water called the Kill von Kull. We have a very small aereage of salt meadows. We used to get all our mosquitoes from Essex We know that now, but did not know it until Essex County started their work of drainage of the salt marshes south of Newark and immediately opposite our city. Since that timo we have been practically free from mosquitoes. I can say that I have not seen a mosquito in Bayonne City this year, and I am living practically opposite the lower end of Newark. We used to be swamped with mosquitoes, but did not realize, or I did not, that they came across the bay from the Newark meadows.

Before the drainage system was adopted the Newark Bay shore in Bayonne was practically alive with these pests. This condition no longer exists. The change is the most remarkable that could be imagined. This absence of the mosquito pest has made Bayonne a much more desirable residential section, and has brought about an increase in the value of our property, but strange to say, people are not saying much about this improvement, either as to their comfort or increase of property value. I have been much surprised that our newspapers have not taken it up and said something as to this most remakable change. It reminds me of a patient who is very ill and after he has gotten rid of his headaches, ehills, etc., and you ask him how he fcels, says, "Well, I don't feel very good," but fails to refer to the most unhappy and uncoinfortable condition that existed when you first saw him. In the same way, our people are saying hardly anything about those mosquitoes, but they have gone, and we are very much happier, and I want to say that the people of Essex County deserve great credit for the work that they have done in this line.

I don't want to take any credit from Hudson County, which allotted \$27,000 in the last year, and with which they have done excellent work. but we can hardly consider the good results in Bayonne as due to the work done by the Hudson County Board for we are at the extreme southern end of the county where the Hudson County efforts at the extermination of the mosquito would have little effect. At the time when Bayonne was infested with the mosquito many people moved away from the city on account of the discomforts produced by these pests, and as a result property value dccreased. Those wishing proof as to the results obtained by proper drainage in this matter need only travel around through Essex and Hudson Counties where the plan has been adopted.

Dr. G. V. V. Warner, Fair Haven: I haven't anything to tell you today regarding the work the Monmouth County Mosquito Extermination Commission has done; it is what we are going to do. Six commissioners were appointed in 1912 by Judge Voorhees, of whom only two qualified. Since that time Judge Kalisch has made additional appointments and at the present time the commission is ready for work. We will organize next week. We have had a great incentive in our territory to do mosquito extermination work. A number of the wealthy residents of Rumson road have organized a mosquito extermination committee or society and have appropriated sufficient money to carry on the work for the next ten years in salt marshes within a radius of four miles of Little Silver station. These men have contracted with the United States Drainage and Irrigation Company to ditch this four-mile area. work has already been started.

I am pleased, indeed, to hear of the work Dr. Hunt has given us an account of today. It gives us some idea of the difficulties to be met in some countries. I was a little surprised that Mr. Headlee did not speak of the attitude of the County Boards of Freeholders toward making appropriations for this work. Of course, the decision of the State Supreme Court, just decided, in the case of the Passaic County Mosquito Extermination Commission vs. The Board of Freeholders of Passaic County, makes it mandatory upon the frecholders of every county to appropriate a certain sum of money for this work, and this will be the means of making more active the county commissions throughout the State.

Dr. Henry H. Davis, Camden: I am pleased to have heard this paper of Dr. Hunt's. Essex County apparently, since Dr. J. B. Smith's death, is the pioneer. We must show the people of this State what can be done to rid us of mosquitoes. In Camden County we have had quite a fight with the Board of Freeholders, but through the assistance of Dr. Headlee, we got a little money this year, not very much. We have taken up one locality and from the reports thus far we feel that we can do much. One thing must be borne in mind by communities everywhere. No matter how much

money they expend to get rid of mosquitoes, they must appropriate a small maintenance fund, that may be used as required so as to keep them exterminated. The gentlemen who has just spoken about the newspapers doing nothing, is correct. If the newspapers took it up the women and the children would become interested and when you get them interested, the thing will move quite rapidly.

All good things in a sanitary line that is coming to the State of New Jersey has come through the medical men of the State and largely through this medical society. thing to do is to get the Freeholders and the people generally interested, and make it a State-wide movement, which it must be to make it a success. The medical men can make it popular. They have knowledge concerning the mosquito as a conveyor of disease, as of all other subjects regarding sanitary science and the reduction and prevention of disease. They should educate the people as to the importance of this work and insist that every county shall prosecute it, appropriating sufficient money to insure the speediest success in ridding the State of this pest.

Dr. George A. Van Wagencu, Newark: I would like to include part of Newark, near the Oranges. I think Dr. Hunt will like to hear that. You have made a great movement in the right direction. I do not know anyone who is more terribly poisoned by mosquitoes than my wife, and this year, for the first time, she has been almost entirely free from the mosquito pest at our home at Newark.

Dr. Samuel E. Armstrong, Rutherford: I am simply going to say that this is an occasion of an unlimited amount of pleasure to me personally, for I believe I was the first man, the first member of this society to call the attention of the medical men of New Jersey, through this society, to this subject, That was donc in a paper which I read. I think, in the year 1902; following that, several years afterwards, you will remember, at a meeting presided over by our good friend Dr. Godfrey, a committee was appointed of which I had the honor to be the chairman, to take this matter up. I must confess that we could not do very much work, but the growth of knowledge since the reading of that paper has certainly justified its preventation to the society. Such growth is exhibited here to-day, and the enthusiasm with which the matter has been taken up, simply goes to show that the opinion then expressed, is bound to prove true. It is going to cost money; that you may depend upon, but the results, gentlemen, are simply going to be enormous. We cannot estimate them. If the good people of the State of New Jersey will help with a few dollars, perhaps they may cousider it a good many dollars, but the dollars will return to them a thousand fold, yes ten thousand fold. Under proper management, there is no question in my mind but that New Jersey, instead of being a mosquito pestered State, can become one of the most valuable States in the Union.

Dr. Ralph II. Hunt, closing the discussion: I won't take up very much time in further discussing this subject. I only wish to impress upon the gentlemen present, this idea; and

ask that you take it home with you, it is going to take time to control the mosquito so that it will be approximately below the nuisance point. I tried in my paper not to be too optimistic. I tried to show you the difficulties under which we are working. I tried to show you the range of flight of these mosquitoes, etc., and I hope that you will try and educate the people with whom you come in contact and express to all this thing—that progress may be slow, but that there should be a gradual improvement from year to year and that the final results are as certain as the fact that the sun will arise to-morrow morning. our profession we would not think of abolishing our quarantine laws against scarlet fever, measles and whooping cough, simply because we still have these discases, yet because you haven't got rid of mosquitoes are you going to stop work trying to get rid of them? All any man can do or any municipality can do is to try and find out just how to do it, how to solve a certain problem; get all the information they can on the question and not question the results, but drive right ahead in a straight line, standing ready to change their methods at any time should their experience and observation give new ideas and call for new methods. The cost of the work is certainly not prohibitive, and a comparison between the cost of a campaign to make a successful attempt to destroy mosquitoes and the tremendous increase in real estate values, I won't attempt to make. I have gotten to the point where I feel that I cannot afford to spend much more time in this work. It has taken a lot of time, it has taken a lot of energy and I personally. have tramped over nearly every foot of the 4,500 acres of the Essex County salt marsh. most of the time in rubber boots, sometimes not knowing whether we were to go down out of sight or remain on top, but it seemed to ne the only way to impress upon our staff the necessity of good, hard, earnest work. How many facts we have learned by observation and experience which will have a bearing upon the control of the mosquito, I do not know. but I know this year that I have a greater feeling of optimism than I had at the same time last year. Last year I thought we had reached the summit of our knowledge and skill; this year we have unearthed new facts which makes the promise of the future a great deal better than the past and I hope you will all help in this work as a public duty. Those of us working in this effort get no direct benefit except satisfaction of trying to do something to help the community in which we live.

Medical Ethics.

Good ethics, then, is to be found among surgeons who, following the tcaching of Hippocrates and Aristotle of Celsus and Galen maintain that he is the upright scientist who pursues his art by the light of sound reason; who draws his conclusions and guides his practice by deductions founded on accurate observation, who observes that clear inductive method which is older than history; who abhors exaggeration and pretence; who practices square dealing; who conducts himself toward his fellows and toward the public as a generous and honorable man.—James G. Mumford, Clifton Med. Bull.

GONORRIIEA: COMPLEMENT FIX¹ ATION TEST AS AN AID IN DIAGNOSIS.*

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So much has been written on gonorrhea since the discovery of the gonococcus that an apology is almost necessary before reading another paper on the subject. I shall not, however, burden you with the well known and established facts, as the etiology, pathology and symptomatology, but will limit my paper chiefly to the proper method of diagnosis, prognosis and some

suggestions on the treatment.

That gonorrhea existed in ancient times is not disputed, though as to the exact date of its recognition all historians do not Mr. Berkeley Hill states that it was described about five thousand years ago in a collection of medical works, by the Emperor Ho-Ang-Ti. Others trace it from the time of Moses, about 1471 B. C., and cite references to this disease in the Talmud. As early as 1750, the connection between leukorrhea in woman, and ophthalmia neonatorum was noted. It was not, however, until the discovery of the gonococcus by Neisser in 1879 that the true cause of pelvic lesions was understood, and a proper differential diagnosis was made possible, and gynecology became a more exact science. Gonorrhea was however still regarded as a local disease and the only known method of positively differentiating a gonorrheal inflammatory condition from other forms was by the finding of the specific micro-organism in the leukorrheal discharge.

We know that in chronic cases, gonococci are very scant or entirely absent; or they may become encysted, or be present in a tube the lumen of which has become occluded, or in the urethral glands the ducts of which have become obstructed by the inflammatory product; it is in these cases, although gonorrhea may be suspected, a positive diagnosis was impossible, and the failure to find gonococci after several bacteriological examinations was recorded as a cure.

In 1911 Schwartz and McNeil demonstrated that the serum of a patient suffering from gonorrhea is capable of fixing complement in the presence of dead gono-

^{*}Read before the Newark Medical League, October 5, 1914.

cocci; this is known as the complement fixation test, and when positive it signifies that there is still present some focus of infection, containing living gonococci. By the aid of this test we are enabled to make a positive diagnosis of gonorrhea irrespective of the bacteriological findings. A positive complement fixation, however, should not be expected before the fourth week of the disease, and may persist for about eight weeks after a cure is established.

During the past year I made an effort to discover the frequency of gonorrhea in respectable married women, and a careful record was kept of all cases treated at the gynecological clinic of the Newark Beth Israel Hospital as well as in my office. A smear was taken from the urethra, cervix or both and examined; and when gonorrhea was suspected, in spite of a negative bacteriological examination, a complement fixation test was made; the result of these examinations showed that 15 to 20% of the women were suffering from gonorrhea. evidently acquired from their husbands. In a number of instances the husbands of the infected women were interviewed, and the history obtained from the men was almost identical; they suffered from a "clap" or "strain" before marriage, the discharge stopped within a few weeks and they were informed by the attending physician that they were cured. In but few men was a smear taken before they were discharged as cured. In most of these cases we could trace the infection from the husband to the wife.

This experiment was then reversed; I tried to obtain a history of gonorrhea from men who came to the office with some casual complaint, and when a positive history was obtained the patient was examined for gonococci. By massaging the prostate, I was surprised to find that in a great majority of these cases that had been "cured" for from five to ten years, gonococci were demonstrated in the discharge expressed from the prostate; I was able to induce four of these men to send their wives to my office for examination, and every one of these women were suffering from gonorrheal endocervicitis. The symptoms in most of the women suffering from gonorrhea are very mild, a leukorrhea which a majority of the laity regard as a natural condition, is frequently the only complaint, while others who may have backache, pain in groins, pruritus or frequency in micturition, hesitate to seek medical advice on account of shame or modesty.

The following cases exemplify the above contentions: Mrs. K. appeared at our gynecological clinic, complaining of leukorrhea, backache and sterility; was married ten years ago and gave birth to a child one year after marriage. Her husband died; and five years ago she married her present husband, Mr. K. Shortly after the second marriage she noticed a yellowish discharge, which has continued ever since, but she never consulted a physician. Examination revealed a marked endocervicitis with erosion of the cervix. Bacteriological examination was positive. Her husband was consulted and gave the following history. had gonorrheal urethritis seven years ago (i. e. two years before marriage), was treated by irrigations and internal medication and was cured in six weeks; was well for two years, then married. Examination: urine showed presence of shreds, smear from urethra was negative. Complement fixation test for gonorrhea was positive.

Mrs. M.—One week after marriage she was suffering from leukorrhea and painful micturition; two months later she was taken to the City Hospital, with acute inflammation of ovaries and tubes. On date of examination (ten months after marriage) she complains of leukorrhea pruritus and backache; smears from urethra and cervix show gonococci. Husband's history: Had gonorrheal urethritis two and a half years before marriage, was cured markey weeks; on massaging prostate and examining smear numerous gonococci were found.

Mrs. G., 29 years old, married eight years, gave birth to a child ten months after marriage; was delivered by a midwife and stated that she was in bed for six weeks after childbirth, and did not feel well for several months; has been suffering from dysmenorrhea and backache ever since and never became pregnant again. Consulted several physicians, who advised some operation. On examination I found the uterus retroverted and adherent, left ovary large and tender. Smear from cervix and urethra did not show gonococci. Complement fixation test was positive. Husband's history: Age 38 years, had gonorrhea several times before marriage and was assured by his physician that he was cured. Examination of urine shows large number of shreds, smear from urethra after massaging prostate contains gonococci, complement fixation test positive.

Mrs. N., married nine years, had one child about eight years ago, never pregnant

since. Came to gynecological clinic on account of sterility. On examination we found her suffering from endometritis and erosions of cervix; gonorrhea was suspected, but smears from cervix and urethra examined on several different occasions, both by my assistant, Dr. Fuerstman, and myself were negative. As Dr. Fuerstman suspected gonorrhea nevertheless, he had a complement fixation test made, which was positive. This patient was then given an injection of gonorrheal vaccine (200 million) and four days later a smear from the cervix was again taken and gonococci found. Whether this was coincidence or the vaccine stimulated the latent gonococci as a provocative injection of salvarsan sometimes does in syphilis, I am unable to say.

These examples could be multiplied several times, all illustrating the same thing that gonorrhea in the male, although apparently cured, was dormant and capable

of infecting the woman.

As illustrations of the chronicity of gonorrhea in spite of the best and most persistent treatment the following cases will be cited:

W. S., 35 years old, bachelor, had acute gonorrheal urethritis eight years ago, was treated by several reputable physicians ever since, with irrigations, deep instillations, sounds, and internal medication. Came to my office February 18, 1914, complaining of a urethral discharge and pain and swelling in joints of the fingers of both hands. Smear from urethra showed presence of gonococci, urine in first glass contained many shreds, in second glass clear; complement fixation test was positive, Wasser-

mann test was negative.

This patient was treated with gonorrheal vaccine, and received in all twenty-six injections of vaccine, beginning with 200 million, and gradually increasing the dose to 1,000 million. Pain and swelling of the joints were gradually diminished; after the fifth week, smear was negative and remained so ever since. In eight weeks (after he had received sixteen doses of vaccine) the pain and swelling of the joints were entirely gone, as was also the urethral discharge. The complement fixation test, however, was still positive. He received an injection of vaccine (1,000 million) once a week until June 22nd. On August 4th, although there were no clinical or bacteriological evidences of gonorrhea, complement fixation showed a weak positive reaction.

Mr. M., age 22 years, not married, had acute gonorrheal urethritis 3½ years ago,

was treated by a reputable physician ever since. On March 15, 1914, he came to my office complaining of "morning drop." Pain in perineum and pain on defecation. On examination per rectum, I found the seminal vesicles distended and thickened, and the prostate enlarged and tender. On pressure a large amount of fluid escaped, giving him relief. Urine in both glasses full of shreds, smear contained gonococci. Complement fixation test was positive and Wassermann test negative.

This patient was treated with vaccine, and although the symptoms were relieved and bacteriological examination of the prostatic discharge was negative, the prostate is still enlarged and the complement

fixation positive.

Miss R. was raped three years ago, and came to the gynecological clinic in the Newark Beth Israel Hospital about two and a half years ago suffering from a gonorrheal urethritis and endocervicitis. If patience and perseverance, combined with the best method of treatment known, ever cured a case, she should have been cured. I can truthfully say that this girl never missed a clinic day; for two years she came to our clinic, twice a week, and received local treatment and medication for douches, and although the acute symptoms subsided the leukorrhea and gonococci refused to diminish. About eight months ago we began the administration of gonorrheal vaccine, and after about twenty injections of 1,000 million gon, the leukorrhea diminished, and gonococci disappeared from the discharge. For the past three months we were unable to find gonococci, but the complement fixation test is still positive.

The above cases amply illustrate the chronicity of gonorrhea in spite of medical treatment by recognized methods. The following case, which came under the personal notice of Dr. Charles C. Norris, instructor in gynecology at the University of Pennsylvania, illustrates the latency and chronicity of gonorrhea, even more than those cases which came under my observation and I will relate the case as he de-

scribes it.

"Six weeks after marriage, the husband was forced to leave home on an extended trip; upon his return his wife informed him that she had developed a purulent leukorrhea a few days after his departure. The family physician was consulted and he pronounced the wife's condition to be gonorrhea, the gonococci being found in the smear. On this evidence the husband

instituted divorce proceedings based on in-Fortunately, at this period the wife visited a gynecologist, who induced the husband to stop legal proceedings until after he had been examined by a genitourinary specialist. Up to this time the husband had denied infection and indeed no subjective or objective symptoms of chronic gonorrhea could be elicited by any of the ordinary means. Repeated cultures and smears from the urethra were negative, and it was not until deep massage of the prostate had been resorted to that gonococci could be demonstrated. When confronted with this evidence the husband admitted that twenty years previously he had suffered from a slight urethral discharge that appeared after an illicit coitus, the only time in his life that he had intercourse with a woman other than his wife."

I have examined twenty married men who gave a positive history of gonorrheal urethritis and who had been "cured" for a period varying from five to ten years; in eleven of these cases I was able to find the gonococci after deep massage of the prostate, in two cases where the gonococci were not found the complement fixation test was positive; the others did not return for a complement fixation test. It was possible that some of the latter were actually cured, but personally I have not had a single case of gonorrhea in which both the bacteriological and serological tests were negative.

The question arises, when are we to consider a case of gonorrhea as cured?

Is the relief of subjective symptoms, cessation of discharge and absence of shreds in the urine a sign that the patient is cured?

Is the failure to demonstrate the gonococci in the smear a sign that the patient is cured?

Is a negative complement fixation test a sign that the patient is cured?

Is gonorrhea ever cured?

From my own experience I am inclined to agree with the German physician who said "every attack of gonorrhea is curable, with the exception of the first."

We know that within a few hours after the gonococci are deposited upon the urethral mucous membrane they penetrate the submucous connective tissue and invade the glands, ducts and follicles with which the urethra is abundantly supplied, and these glands and ducts when infected cannot be reached by local treatment. When the cervix is primarily infected it usually becomes chronic in spite of local treatment and frequently the body of the uterus, the tubes and ovaries become involved by continuity; it is evident that the gonococci cannot be destroyed in these locations by

any method of medication.

It is possible that in some instances the gonococci become encysted and in the absence of secretion in which they can grow, perish; in these cases a cure is affected. but this is the exception. Most frequently they retain their virulence indefinitely, although producing few or no subjective symptoms. The gonococci may remain dormant for a long period and then, as a result of some stimulus, again become virulent as in the following case which came under my observation recently. An infected duct which had become obstructed by the inflammatory product was reopened as a result of strenuous sexual exertion, the gonococci were liberated and reinfection

took place.

This was in an intelligent young man who had a gonorrheal urethritis about five years ago and was cured in about two months. Two years ago, contemplating marriage, he consulted a genito-urinary specialist, who informed him that he was cured and that he could safely marry About eight months ago his wife gave birth to a child and developed puerperal sepsis; bacteriological examination of the lochia at that time showed the presence of streptococci and staphylococci; about months after she recovered he had inter-course with her. Within twenty-four hours thereafter he appeared at my office with a purulent urethral discharge containing jumerous gonococci. His wife was examined several times but no gonococci were found. A complement fixation test wa then made, which was positive for the husband and negative for the wife. I am absolutely convinced that he had no relations with any other woman, and believe that the gonococci were encysted in one of the urethral glands and liberated after exertion.

From the foregoing illustration it is obvious that the relief of symptoms, cessation of the discharge, absence of shreds from the urine, and failure to find gonococci in the prepared specimen are not positive evidences that gonococci are not lurking in the urethra or in some other portion of the genito-urinary tract.

The diagnosis of gonorrhea in the absence of clinical symptoms is at times very difficult. In the male irritation of the urethra by the injection of 1% solution of silver nitrate or massage of the prostate and urethra may bring the gonococci to the surface. In the female a careful history should be taken with special reference to menstruation, the number of children and miscarriages, sterility, leukorrhea and frequency of micturition or dysuria. A history frequently obtained among foreigners, and which is highly suggestive of the possibility of gonorrhea is as follows:

Mrs. X. gave birth to two children and never suffered from leukorrhea or vesical irritability. Her husband came to this country five years ago. She followed six months ago and since then has been suffering from a purulent discharge, and dysuria.

It seems that absence of the wife is an active predisposing cause of gonorrhea. After the history has been obtained, the patient should be examined in a good light, and the presence of a discharge noted. The Bartholin glands, which are frequently affected, should be inspected. The urethra should be examined and a smear taken. In chronic cases Skene's glands are usually infected; their ducts appearing like red spots on the floor of the urethra, the cervix should be carefully examined, the thick mucus to be removed with a sterile swab, and a specimen of the cervical secretion taken for bacteriological examination.

In women, the most common seat of primary infection is the urethra, next in frequency the cervix; primary gonorrheal vaginitis in the adult is rare, the vaginal secretions are antagonistic to the growth of the gonococci and the squamous epithelium with which the vagina is lined is more resistant than the columnar epithelium of the cervix or urethra. In children this protective epithelium is not so well developed, and gonorrheal vaginitis frequently occurs.

TREATMENT.

To the laity a "clap" is of little significance and among a certain class they even boast of the number of attacks tiney have had. A large number of professional men consider gonorrhea either a self-limiting disease, or one which should be cured in from four to six weeks. Very few realize that this is the most common and widespread of all disease of adult life, and that the mortality and morbidity of gonorrhea and its complications are greater than it is possible to discover by statistics. Deaths recorded as due to sepsis, peritonitis, placenta praevia, ruptured tubal pregnancy, etc., are frequently due to gonorrhea.

Dr. Price states that 90% of all pelvic infections are of gonorrheal origin. Dr. Morris from his dispensary cases puts the

figure down to 80%. It is estimated that 30 to 50% of sterility and 25% of blindness

are the result of gonorrhea.

Statistics from the Committee on Prophylaxis of Venereal Diseases by the Washing State Medical Association show that 80% of all men in large cities have had gonorrhea and that 45% of them infect their wives and that 80% of all gynecological operations are due to gonorrhea. In France, where correct statistics are obtainable, it is estimated that from about ten million families, two million are sterile of which one million is due to gonorrhea. This does not include one child sterilities.

It is not necessary to cite any more statastics to emphasize the importance of prophylaxis and prevention as we can readily understand that even the most exhaustive search will fail to record the actual number of venereal diseases, especially in women, in whom the symptoms are very mild and the diagnosis difficult to make, while many others do not seek medical advice on account of a sense of modesty.

The subject of prophylaxis is too broad to be considered in a short paper, as this is intended to be. Volumes of instructive and interesting material can be written by one interested in sociology. It should embrace the questions of prostitution, segregation, care of infected patients, education of adults, education of children in high schools, thorough examination of men before marriage, etc.

The issuing of certificates of health to prostitutes after a casual examination should be condemned (for we know the difficulty of diagnosis even after a careful examination) as such certificates give men an unwarranted feeling of security. Realizing that it is impossible to stamp out prostitution, are we justified in advising our patients as to methods of prevention?

Many sociologists claim that the knowledge by the laity of a method to prevent infection will increase immorality; whether or no there is truth in this contention, I believe that we as physicians should be more interested in the prevention of this disease with its terrible mortality and morbidity than in morality, leaving the latter to the sociologist.

Prevention: Simple methods, as washing the vulva and a vaginal douche or urinating immediately after coitus will frequently prevent infection, as the urethra as well as the urine are usually acid, and gonococci do not grow on an acid medium.

For males the safest method of preven-

tion is the use of a condom; an injection of a 3% solution of protargol, which should be retained for three minutes, is another method of prevention which is usually successful. A 30% calomel ointment rubbed on the penis and allowed to remain for two hours is recommended as preventive for syphilis. The medical reports from the army and navy show a marked reduction in the number of venereal diseases since these methods of prophylaxis have been adopted.

Treatment: In considering the treatment of gonorrhea by drugs, the remarks of Oliver W. Holmes before the students of the Harvard Medical College are appropriate. He said: "I firmly believe that if the whole materia medica could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes." The fact that a large number of drugs have been used in the treatment of gonorrhea and that a very small proportion of them are cured, is sufficient to support the statement of Dr. Holmes.

Drugs to cure gonorrhea must either be capable of destroying the gonococci, or of rendering the medium in which they grow unfavorable for their multiplication; this cannot be done, for as a rule no active treatment is instituted during the acute stage of the disease, which lasts for several days, and by the time local treatment is commenced the gonococci have already penetrated the sub-epithelial tissues and entered the ducts of the mucous glands; in these retreats they are comfortably sheltered and cannot be dislodged by any known astringent or antiseptic without at first destroying the epithelial lining of the In their strongly fortified positions they grow as on a culture medium and multiply rapidly, giving up their toxins; they find their way into the lymphatics and blood vessels and are frequently lodged in parts of the body remote from the seat of primary infection where they may remain latent for years, and then with the aid of some stimulus again become virulent.

Careful application of local remedies may be beneficial by washing away the exudate laden with gonococci, and in females by limiting the area of infection, but once the infection has involved the seminal vesicles and prostate in the male and the tubes and ovaries in the female, I confess that I know of no drug that could reach and destroy the gonococci in such inaccessible quarters. The only hope for cure being in the formation of sufficient antibodies to overcome the

infection. In gonorrhea, however, the process of natural immunity is usually insufficient and vaccines have been used in an effort to stimulate the natural immunity and phagocytic powers of the white blood corpuscles.

During the past few years vaccine therapy has received many boosts and knocks, especially knocks; but being convinced that the accepted method of treatment rarely cures gonorrhea, I felt justified in giving it a fair trial in spite of the numerous reports of failures.

Since the discovery of antitoxin in the treatment of diphtheria, with its marvelous curative properties, the hope that all infectious diseases will be treated with similar remedies has not been realized, as it has been found that animals could not be immunized to a sufficient degree to obtain the desired specific antitoxin. Efforts have been made to stimulate the immunizing power, of the body by the injection of dead bacteria, with some success.

To condemn vaccine in general and gonorrheal vaccine in particular is the attitude of a great number of physicians in spite of the fact that excellent results have been obtained by many careful investigators. Gonorrheal vaccines are particularly beneficial in most of the complications of gonorrhea and personally I have had excellent results in several cases of gonorrheal rheumatism, orchitis and pelvic cellulitis.

Dr. Edward J. Ill, one of our foremost gynecologists, recently told me that in acute pelvic exudates of gonorrheal origin, he has seen some remarkable results with genorrheal vaccine, "the exudate melts away," to use his expression, although he has found that the number of gonococci do not diminish. Dr. Charles C. Norris states that gonorrheal vaccine is highly successful in vulvovaginitis in children.

Dr. Hamilton, in the Journal of American Medical Association of April, 1910, reports a series of cases of gonorrheal vaginitis treated with vaccine resulting in a cure in 90% of the cases. The average length of time being 1.7 months, as compared to another series treated with irrigation which resulted in a cure in 60% with average length of 10.1 months.

My experience with gonorrheal vaccineis limited to thirty cases in the female and forty cases in the male, almost all chronic cases. For the purpose of experiment I discarded all local as well as internal medication with the exception of a vaginal douche of a mild astringent. In eighteer of the cases an autogenous vaccine was used; for the balance I used stock vaccine prepared by Mulford, or Dr. Sherman. I soon found that the stock vaccine was not sufficiently concentrated and wrote to Dr. Sherman of Detroit, who prepared a vaccine containing I billion gonococci to the c.c.

The autogenous vaccine was prepared by Dr. O. Lowy of Newark. The first injection consisted of 100 million, which was increased every week until the patient received 1,000 million, a week. I have read a good deal about the so-called negative phase, but never observed it among my patients. The injection of 1,000 million gonococci to the c.c. never produced a local irritation or general disturbance. The results in general were at least as satisfactory as with any other method of treatment. In almost all of the cases the symptoms vere relieved, and the discharge diminished or disappeared entirely. The gonococci disappeared from the discharge in about 70% of the cases, persisting in the others.

When the bacteriological examination was negative, I would suspend vaccine treatment for two months and request the patient to return at the expiration of that period for a complement fixation test. Unfortunately all the cases did not return; I have the record, however, of fourteen cases that did return. A smear was taken, which was again negative, the complement fixation, however, in all of these cases was still positive. In some of these cases the complement fixation test made six months or more after a clinical and bacteriological cure was still positive.

From my own experience, therefore, the value of vaccine in the treatment of gonorrhea is like the Scotch verdict "not proven." During the past few years a serum has been prepared, which, according to reports, has proved more successful. I am firmly convinced that in the near future most of the infectious diseases will be prevented, and treated by an antitoxin, serum or vaccine.

In conclusion I desire to emphasize the serious responsibility of the physician in discharging a gonorrheic as cured without subjecting him to all the tests that science has taught us. A clinical cure is no cure and a single negative barteriological examination is not positive evidence that the gonococci are all destroyed, any more than a clinical cure and failure to demonstrate the treponoma pallida are positive evidences that syphilis is cured.

In this disease, the clinician, no matter how expert he may be, is unable to say definitely when a patient is cured without assistance from the laboratory. Several bacteriological examinations should be made, and if negative, a complement fixation test should then be made, and when this is also negative we can be reasonably certain that the patient is cured.

The object of this paper is not to ad-

The object of this paper is not to advance any new theories or recommend a new cure. If I have been able to convince you of the latency of gonorrhea and of the importance of the complement fixation test as an aid in diagnosis my object has been

fulfilled.

Before closing I desire to express my gratitude to Dr. Otto Lowy, whose kindness in making the autogenous vaccines and complement fixation tests for all my clinic patients has enabled me to conduct these experiments, and to Dr. L. Fuerstman, my assistant at the gynecological clinic, who has given a good deal of his time in preparing and examining a large number of bacteriological specimens from our clinic.

CHRONIC GONORRHEA OF THE CERVIX UTERI.*

By Charles L. De Meritt, M. D.,
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This is a subject of far-reaching importance. To the physician who does genito-urinary or gynecologic work, it means an obstinate and dangerous infection whose possibilities include peritoneal inflammation. To the medical sociologist it means a main factor in the culture and spread of one of the great plagues of humanity.

I hear men almost daily express their wonder that "she could have given me such a disease when she seemed so nice and clean." I often have the chance to examine the women who have infected my gonorrheal patients. These women many of them intelligent, come to me believing that they are not infectious and expecting to prove something, not on themselves, but on the partners of their amours. Or else they would not submit to examination. I am sure that at least among well-to-do men. who can exercise some selection in their intrigues, the woman with chronic and more or less quiescent gonorrhea of the cervix

^{*}Read at the Hudson County Medical Society, held October 6, 1914.

uteri, the woman without leucorrhea, the woman in whom urethral and vulvar infection (with the occasional exception of Skene's glands) is a thing of months or years past, is a more important factor in transmitting gonorrhea than she who has the disease in acute form. The situation of the gonococci in these cases reminds us of what has often occurred in the early racial or tribal migrations of early human history. A migrating host overruns and subdues a country. Eventually the invaders are expelled, except a few, who, having located in some strong position, cannot easily be dislodged and remain a discordant factor in the land.

How gonococci stick to the cervix uteri long after acute infection has subsided, and of what baneful import this is, is a fact well known to those who practice up-to-date gynecology or urology. The average doctor ought to know it, too, for it has been reiterated so often that this paper has not the least claim to originality. But he is sadly indifferent to it in his work, and this indifference often results in sad consequences.

In the hope of being more emphatic, I shall reverse the usual order of presenting subject and illustration and cite a few illus-

trative cases first.

Case I. A man contracted gonorrhea from a woman with whom he had lived a year. Of course he accused her. She denied the charge and offered to submit to any tests he might require. Within two weeks she underwent four examinations as follows: She went to her family doctor who made a slide from the vulva, sent it to a pathologist, and getting a negative report, told her she did not have gonorrhea. Then, at the demand of her affinity, she went to a man who has, I hear, a large genito-urinary practice. He made slides from the vulva, urethra and cervix, examined them and told her there was no sign of gonorrhea. He did not suggest any further observation. Right after this she spent a few days in a New England city and while there, anxious to confirm her fidelity to her lover again, she went to a local surgeon. He made several slides, had them examined with negative results, and gave her a certificate that she had no venereal disease. The first of these three examinations was made a week after the end of menstruation; the second three days and the third, eight days later. The fourth examination was made by myself a week before the onset of the next period. There

were no visible evidences of gonorrhea. Smears from the urethra, Skene's ducts, vulva, vagina and cervix were all negative. I had her come back the day after the end of her next menstruation and then found gonococci in the cervical secretion.

Two years before, this woman had a severe leucorrhea lasting several weeks, followed by tubal trouble which got better without operation. The intercourse at which the man was infected occurred a day after the end of menstruation, and it was the first time in their year's intimacy that it had occurred within a week of the end of a menstrual period. I had this woman under treatment and observation for nearly a year. For months she showed gonococci in the cervical secretion the first or second day after the menses; never at any other time.

Case II. Four years ago a man who had been pronounced cured of gonorrhea married and infected his wife. She has had several courses of treatment, one by a well-known gynecologist, but still has gonococci in the cervical secretion the first few days after menstruation and at no other time. Her husband, who was cured soon after his marriage, was warned of the danger of reinfection. But two years later he had intercourse with her, without using a protective device, on the last day of menstruation and was reinfected.

Case III. A wealthy young man became enamoured of a pretty working girl and established her as his mistress. minimize the risk of conception, he made it a rule to avoid intercourse for ten days after menstruation. After several months of this life there came a day when, under the influence of alcohol, they forgot this rule. The result was, not what they feared, but gonorrhea in the man. The girl admitted that a year before her present liason she had a single intercourse, which was followed by leucorrhea and burning on alination. Gonococci were present in the cervical secretion for a few days after each menstrual period.

These are not unusual cases. If they were they would not be of value for my purpose. They are of a common type, and they show that we, as a profession, are not utilizing to their full value those methods of controlling a deadly pest which science has placed at our disposal. Why? Isn't it of more importance to our employers, the public, that we should be applying effective measures to the restriction of this social pest than that we should be conversant with

all the fads, or maybe follies, of intestinal

plumbing or electrotherapy?

The cervix uteri is a fibro-musculoglandular structure, pierced by a canal lined with columnar epithelium into which the glands open. The canal is fusiform shaped, 25 to 30 millimeters long and 7 or 8 in diameter at the center. The cervix has a free blood supply. It is subject to irritation and consequent congestion from the aberrations of sexual hygiene common among so-called civilized people. Note its resemblance to the prostate in all these respects, even in the size of its cavity which approximates that of the prostatic urethra. And the cervix and prostate are the most difficult structures to rid of gonorrhea in the respective sexes.

The gonococcus spreads through tissues in three ways: First—By surface extension. Formerly this was the only way considered. Now we are apt to underestimate its importance just because we know that there are other ways. Gonorrhea always begins as a surface innoculation. Bearing this in mind, we must not disregard the effect of pus flowing from an infected area of epithelium to a healthy area. Second—By cell to cell extension. Third—By lymphatic extension. Finger's studies have increased our knowledge of these two last

ways.

.Gonorrhea of the cervix is much more common than that of the body, according to clinical observation. True, we do not examine the cavity of the body, as we do that of the cervix, for gonococci in routine The mechanical difficulties examinations. in the way of getting a specimen of corporeal secretion, uncontaminated by that of the cervix, should not be unsurmountable. But I am not aware of any practical method except making sections of endometrium removed by curettage, a method not ordinarily allowable. A comparison of the cervical and corporeal mucosae suggests several reasons for the relative immunity of the body.

Structurally the mucosae of the cervix and body differ in many ways. The cervical cavity is roughened by the arbor vitae, longitudinal ridges with short, oblique branches. The cavity of the body is smooth. Both cavities are lined by a single layer of columnar epithelium, but the cervical cells are above 50 micromillimeters high, while those of the body are about half that height. The cervical cells on the ridges of the arbor vitae are ciliated. Those of the intervening depressions are not, ac-

cording to De Sinity. The body cells, on the other hand, are all ciliated. The ciliae of both cervix and body are lost during menstruation. The glands of both cervix and body are invaginations of the surface epithelium, those of the cervix being the deeper. The cells of the cervical glands are non-ciliated; those of the body glands are ciliated. The cervix has a submucosa; the body has none, its epithelium resting directly on the uterine muscle. The lymphatics of cervix and body communicate but the cervix has its own trunks, passing directly to the external iliac, hypogastric and sacral nodes, so that its lymph discharge is mainly directly outward, not upward through the body.

Thus the completely ciliated mucosa of the cervix offers more resistance to surface extension, by the motion of its cilial repelling "waves" of pus, than does the partly ciliated cervical mucosa. During menstruation the temporary loss of the ciliae may be compensated by the outflow of blood

from the body.

Opposed to cell extension is the absence in the body of the uterus, of a submucosa, which plays an important part in the spread of gonococci in other mucous membranes.

The lymphatic obstacles to infection of the body from the cervix have already been noted. Finally, since cells that differ morphologically often differ in protoplasmic properties, the epithelial cells of the body may resist gonococci better than those of the cervix. Of course, all these protective factors are but relative, as the frequency of gonorrheal salpingitis shows.

When cervical gonorrhea has become thoroughly chronic, when infection elsewhere has died out, symptoms are slight or absent. Active symptoms may be looked for, not in the woman, but in the recipient

of her favors.

Diagnosis is microscopic. The cervical secretion, of course, even in the most chronic and quiescent cases. may contain gonococci at any or all times, and specimens for examination should be made frequently during the course of treatment. But a negative result is of no diagnostic value unless the specimen is made from the cervix within forty-eight hours of the end of menstruation. This rule, which I have made for my own guidance, is arbitrary, like many other rules in diagnosis. But it leans to the side of safety.

In making smears for the gonococcus a common fault is to spread them too thickly. The best specimens are made by taking up

a very small portion of secretion in a platinum loop and spreading it on a slide or cover glass by a scratching motion of the loop. I make specimens as follows: The woman is put in the dorsal gynecologic position and, if it is a final examination, the usual smears are made from the urethra and vulva. The cervix is then exposed by a bivalve or similar speculum and wiped dry with cotton. The loop is passed into the external os and a bit of the mucoid or muco-purulent plug that fills the cervix is extracted and spread on a glass as above described. Next, a pleget of cotton on a wire applicator or held in a slenderjawed forceps is introduced, and revolved gently to entangle and remove the plug. This maneuver may have to be repeated several times. If done with care bleeding may be avoided as a rule, though a little blood does not spoil the specimen. Lastly the loop is passed into the cervix at least one centimeter and drawn gently down, against the mucosa. A second glass is smeared with the secretion thus obtained Both specimens are stained and examined.

Treatment should, in my judgment, follow gynecologic rather than genito-urinary technic. The cervix uteri is a much tougher structure than the male urethea and as it can stand heroic treatment and seems to appreciate it, it should have the benefit of After exposure of the cervix, surplus secretion is wiped away and its exterior painted with iodin. The next step is the removal of the muco-purulent plug. Unless this is done we shall be treating the plug rather than the cervix. Removal is done with a very small spoon curette with a serrated edge; this usually causes slight bleeding. The cavity is wiped and rubbed dry with cotton in a forceps, and is then ready for whatever application we are going to use. I use equal parts of tinctures of iodin and carbolic acid, a few drops of which mixture are applied with a long pipette, curved at its distal end. This is practically the treatment used by the late Professor Skene for cervical endometritis. As some of the fluid will run out of the cervix, a wad of cotton should be packed between the posterior lip and the posterior blade of the speculum, to prevent burning the vagina. Treatment is given twice a week.

Once in two weeks treatment is varied as follows: After removing the mucous plug the canal of the cervix is painted with tincture of iodin and with the same serrated curette the canal is scraped till it

bleeds freely. This does not usually cause much pain. Bleeding is checked by rubbing with gauze held in a forceps and the iodin and carbolic mixture is applied as already described. Curettage of the gonor-rheal cervix (Craig's method) is widely used and is well spoken of by Dr. Kelley.

Of course the majority of gonococci are neither killed by the applications nor removed by the curette. The main value of the treatment is probably the same as that of the injections used in urethral gonorrhea,

the production of leucocytosis.

Suppositories are useless and tampons are uncomfortable, filthy, and in my opinion, injurious. Douching is not prescribed and its frequent use is interdicted, but it is allowed not more than twice a week if there happens to be enough leucorrhea to annoy the patient.

I have used gonorrheal vaccine, pure and mixed, in half a dozen cases and have seen no benefit from it. However, this little bit of experience does not justify an opinion

and I have formed none.

Chronic cervical gonorrhea is usually a very chronic disease indeed, and on undertaking to treat a case we must impress on the patient the probable need for weeks, perhaps months, of treatment. And after an apparent cure she should return for examination at the end of her next two or three menstrual periods.

SIDE-LIGHTS ON THE TWILIGHT SLEEP OF GAUSS.*

By Nathaniel G. Price, M. D., Newark, N. J.

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Scopolamine-Morphine semi-narcosis, to give "twilight sleep" its full appellation, has been dinning the ears of the profession and perhaps more so those of the laity so insistently that a brief survey of the subject with the addition of some personal findings in a limited number of cases, may not be entirely without interest. Permit me to state at the outset, that outside of directing your attention to some of the minor phases of this mystifying theme, I can add nothing material to the wealth of literature extant. But if my paper will merely prove an introduction to a free interchange of opinions, con-

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jectures and experiences, its object will have been accomplished.

We medical men are gradually losing our innate guilelessness. We are becoming more and more cautious in accepting anything savoring of novelty, off-hand. And not without cause. The sting of humiliation still smarting from the recent commercial exploitation of a turtle serum, supposed panacea for tuberculosis, by a highly enterprising but not over-ethical member of the profession, we are now forced into the position of the skeptical, inquiring gentleman from Missouri, who before committing himself, clamors insistently and persistently. "show me." Indeed the burden of proof is with those who have the temerity of taking up the defense of this once discarded and again revived form of narcosis. Despite the highly favorable experiences of Gauss and Kroenig, have not the majority declared their disbelief in its efficacy. And yet it is only fair to ask, shall we forget that the history of human attainment is replete with instances where the great majority were jauntily treading the primrose path of error whilst a small minority were treading the thorny path of truth?

Scopolamine, the active principle of scopola is identical with hyoscine the active principle of henbane. As far back as 1900, Ladenburg isolated hyoscine and called attention to its resemblance physiologically and chemically to scopolamine, but it was Prof. E. Schmidt, who after exhaustive experiments established beyond a doubt that hyoscine and scopolamine are absolutely the same drugs masquerading under differ-The physiological action of scopolamine is that of a powerful somnifacient and cerebral sedative. The administration of a therapeutic dose is followed within ten to thirty minutes, by a state of drowsiness, more or less marked, depending on the susceptibility of the individual; the face becomes flushed and hot, the mouth and fauces become dry and the blood pressure becomes elevated. A decided dose, say of one-one-hundredth of a grain, intensifies these symptoms, the patient experiences a sense of giddiness, often becoming delirious and mutters incoherently. The pulse rate is elevated to 110 or even 130 and at times there is an elevation of temperature to 102 or even more; mydriasis is usually, but not always, present. After toxic doses, the pulse becomes markedly slower, the pupils dilate widely, the blood pressure drops, the voice becomes hoarse or entirely suppressed from paralysis of the vocal cords, the respirations

become Cheyne-Stokes, active delirium accompanied by visual and auditory hallucinations supervene and clonic convulsions with opisthotonos have been noted by some observers. In short the point for us to particularly note is that small doses abolish cerebral excitement, whilst large doses stimulate cerebral excitement.

Scopolamine is apt to be combined with impurities; after a solution stands for some time it becomes cloudy and flocculent and undergoes a toxic metamorphosis; a new ingredient, apoatropine, a very powerful poison is formed and to this agent is ascribed the fatal results which in a few rare cases have followed the use of scopolamine. Kionda maintains that apoatropine is the only impurity which can possibly make scopolamine more toxic. Kobert attributes the death of a man to this impurity, which he was able to detect. It is well to remember that sterile solutions do not undergo any essential changes for months, that according to Hotz sugar of milk prevents deterioration and that solutions keep best in dark well-stoppered vials, in a place free from direct sunlight. Some observers maintain that it is the alkali of the glass that cause deleterious changes and to overcome this difficulty the Hoffman La Roche Cemical Works have placed on the market alkalifree ampoules containing one one-hundred and sixty-sixth of a grain of scopolamine, sufficient for an ordinary dose.

The use of scopolamine as a cerebral quietant dates back to a period between 1890 and 1900. It was in 1900 that Schneiderlen on having observed its sedative effect in acute mania, conceived the idea of using the combination of morphine and scopolamine in an operation for removal of a cancerous breast, for the purpose of diminishing the quantity of the general anaes-The result was so satisfactory that he experimented further and found that this combination could be given alone in cases requiring mild anaesthesia. He gave very large doses, one-twenty-fifth of scopolamine and one and one-sixth grains of morphine in the course of an hour and fifteen minutes. Many surgeons still use this combination, in much smaller dosage, before a general anaesthetic is administered and they find that less struggling is encountered and less of the anaesthetic is required.

In 1902 Von Steinbuchel wrote a paper calling attention to the feasibility of using morphine-scopolamine in child-birth and some time afterwards described his methods

and results, in another paper, reporting its detailed action in a series of twenty cases. He used the conservative dosage of onetwo-hundredths of scopolamine and onesixth of morphine, which he repeated at certain intervals. He obtained good results; outside of three cases of controllable postpartum haemorrhage, he had no complica-tions nor fatalities. The favorable report of Von Steinbuchel was enthusiastically received and obstetricians the world over began to use this combination, with diversified results. Soon the profession was a divided camp, as it were, some lauding the merits of this combination to the skies and others again denouncing it with equal fervor. Sick declared that there were absolutely 10 contra-indications to the use of morphinescopolamine in obstetrics, whilst Sieber closed an article on this subject with the following words: "Also weg bei der narcosen mit diesem, unberechenbarem gefahrlichem Gifte"—Away with narcosis by this uncertain, dangerous poison.

B. Kroenig and C. Gauss collaborating in Kroenig's clinic at Freiburg, became and have remained the staunchest adherents of this form of semi-narcosis. They elaborated a definite technique and were not content to obtain analgesia alone but aimed at and apparently succeeded in producing a certain degree of amnesia, so that their patients had no recollection of the pains or any other incidents of their labor. In 1907 Gauss described his experience with 1,000 cases, claiming the most excellent results. The following year Kroenig, in an article in the Zeitschrift fur Gynacologie, reported a series of 1,500 cases in which one woman died from rupture of the uterus for which operation was refused by the family, one child died during delivery and three others in the first three days after delivery. He claimed that the mortality under scopolamine was less than without its use. On the other hand, Hocheisen reported a hundred cases in which the death of one child is directly attributable to scopolamine. He found the method replete with dangerous by-effects, pointed out the frequency of atonic haemorrhage and the apparent prolongation of labor. His report deterred many from using scopolamine in obstetrics.

During the last six years, outside of Prof. A. Hatchers article, February, 1910 Journal A. M. A., which was more in the nature of a resume of scopolamine-morphine anaesthesia in surgery and obstetrics, nothing was heard of this form of narcosis till the recent favorable report of Gauss on

5,000 cases. This seemed an attractive morsel to the editorial staff of an enterprising lay journal. They immediately sent a live-wire representative to Freiburg, who in some very mysterious manner obtained and published the most intimate details of the experiences of some of its notable former inmates. The publication of the article, with many alluring photographs, created widespread interest. More articles of the same laudatory nature soon followed: other magazines, not to be behindhand began to hammer away on the subject, the yellows took it up in their usual flamboyant style, until we medical men in self-defense, as it were, began to re-investigate the virtues of "twilight sleep."

This re-investigation is already beginning to bear fruit. In the October issue of the Journal of Obstetrics two articles have appeared; one written conjointly by J. A. Harrar and Ross McPherson and the other by J. A. Rongy. Harrar and McPherson report their findings in a series of 100 primiparas; 66 were completely amnesic; 10 had a hazy recollection but were analgesic; 4 were too far advanced and 20 failed to respond altogether. They had 3 stillbirths and 17 forceps deliveries. Rongy reports 125 cases of which 104 had complete amnesia and analgesia, 9 were analgesic but not amnesic, 12 failures and 15 forceps deliveries.

Another article by J. Heller, has appeared in the November.7th issue of The Melical Record, in which he details results in 150 cases, 113 primiparae and 37 multiparae. He has had no still-births, 120 of the babies cried out spontaneously at birth, the others were cyanosed but quickly recovered. In the mothers, he had no post-partum haemrrhages, 122 were amnesic and 15 were not markedly affected. It might also be of interest to note that M. W. Kapp, of San Jose, California, has published a brief article on "Painless Parturition," in the November 14th of the same journal, in which he strongly recommends the use of heroin hydrochloride by hypo, in one-twelfth grain doses repeated in about three-hour intervals; he claims most gratifying results and urges its ease of application as an advantage over scopolamine.

The leading teachers of the obstetric art are maintaing an attitude of reserve toward scopolamine. Prof. J. W. Williams, of the Johns Hopkins Medical School, states that his results in two separate series were not satisfactory. He expects to give it a further trial next year. Prof. Chas. M. Green,

of Harvard, favored scopolamine-morphine narcosis in 1903, but subsequently abandoned it for two reasons; 1st, it occasionally caused foetal asphyxia and, 2nd, it required too much care for its safe administration. Prof. B. C. Hirst, of the University of Pennsylvania, urges that if enough of morphine is given to abolish pain, there is too much danger of hemorrhage in the mother and asphyxia in the child. In 1912 he had the privilege of observing this method at Freiburg and concluded that the results obtained by Gauss and Kroenig were partly psychological.

This in brief is a summary of the history of scopolamine-morphine semi-narcosis to

date.

Before proceeding with a consideration of my own limited experience with this method, it may not be inapropos to ask ourselves—is there any justification for the attempt to ameliorate the sufferings incident to an uncomplicated case of labor. Many would be apt to answer offhand in the negative, contending that labor is a physiological process and therefore requires no interference, or they might beg the question by reciting the exact biblical quotation. which predicates the divine necessity for the pangs of child-birth. The answer to these contentions comes readily to the tongue. Physiological labor is an incongruous term when applied to the woman of the 20th century, with her heightened sensitiveness to pain, her frail musculature, her lowered resistance, and as to the biblical injunction. no matter how much we may be imbued with religious fervor, primarily we are playsicians and not theologians, and as far as our patient's welfare is concerned we must be mindful rather of the here than the here-The most trying task of the obstetrician, it seems to me, is to stand idly by. with folded arms, while the excruciating cries of the parturient are ringing in his ears. Her insistent appeal "Help me Doctor" thrills him to the quick and often tempts him to throw discretion to the winds and apply forceps to call a merciful halt to her miseries. If we were only provided with a suitable analgesic, I feel that its use in labor would be neither a sacrilege nor bad practice.

But the ideal analgesic ought to answer to the following four cardinal requirements: 1st, It should, in ample dosage, be free from danger to both mother and child; 2nd, it ought to be efficient and certain in its action; 3rd, it must not unduly prolong labor; 4th, the technique for its safe administration

ought not to be too onerous or too complex for the average practitioner of obstetrics. We must bear these requirements in mind when we examine into the claims of scopolamine-morphine semi-narcosis.

My experimentation with this drug combination was undertaken purely in a spirit of inquiry at The Newark Beth Israel Hospital, after I had familiarized myself with the literature on the subject and had critically observed its effects on several of the cases under the supervision of Dr. Rongy at the Jewish Maternity Hospital of New York City. Owing to the exigencies of hospital practice, I felt myself justified in using scopolamine in only a small proportion of obstetric cases. Some were too far advanced on entrance, some had precipitant labor and others again had inertia uteri. Altogether, I have tested scopolamine in 20 cases, attending each case almost continuously from the first dose till the termination of labor.

The modus operands we utilized is that outlined by Gauss, with slight modifications. The delivery room was off the main ward. it was darkened and no unneessary sounds were permitted. When the parturient was in active labor, with pains coming every five or six minutes, and the cervix dilated two fingers, she was put to bed, her ears were plugged with pledgets of cotton, to exclude adventitious sounds, and she was given the first dose of scopolamine-mor-This dose we varied according to the sensitiveness of the patient, as evidenced by the manner in which she was bearing her pains. With the acutely sensitive those voicing their pains with much gusto we gave one-fourth of a grain of morphine and one-one-hundred and fiftieth of scopolamine; with the phlegmatic, we gave oneeighth of morphine and one-two hundredth of scopolamine, this was given by hypo, in the gluteal muscles. In passing I might say, that we never experimented with narcophen, which chemically is, morphine-narcotine-meconate, preferring to use morphine itself with its familiar dosage and effects, rather than a heterogeneous combination. which in the final count depends virtually upon the amount of morphine it contains.

The effects of the scopolamine-morphine were usually quite rapid. In 10 to 20 minutes, the patient would fall into a state of drowsiness, her facies would flush and she would be apt to experience a sense of dryness of the mouth and fauces. During uterine contractions, she would screw up the muscles of the face and grunt in a sub-

dued tone inaudible outside of the delivery room. An hour after the initial dose, another dose of scopolamine was administered without the morphine, unless marked objective signs of pain were present. The drowsiness and the accompanying signs of the physiological action of scopolamine would become intensified, but the patient could be easily roused and would answer questions put to her more or less rationally. One hour after the second dose memory tests were made; a watch for example would be shown her and she would be asked the time it indicated. Half an hour afterward the watch was shown her again and she was asked whether she recollected seeing the watch before and also what time it had indicated. Her answers were noted and whether her memory was intact or not, the test was repeated in half an hour and again a half-hour afterward. If the third test showed the memory intact, a third dose of scopolamine would be administered and with all subsequent doses the same three memory tests would be made. Our object aimed at was to keep the patient just on the happy borderline between profound narcosis and awakened consciousness, to dull her perception of pain and to dissipate her recollection of the incidents of labor.

The results we obtained were fairly satisfactory. As an analgesic scopolamine acted more or less markedly in every one of the cases. As a somnifacient 16 cases responded and as an amnesic only 10 cases were completely so, 5 had merely a hazy recollection and 5 remembered all the incidents distinctly. Scopolamine acted most favorably on those cases which were no longer than 6 to 8 hours under its influence. Because of secondary inertia we were forced to resort to forceps in three cases, all primiparae; in two cases we did an episiotomy to prevent laceration of the perineum. In a nephritic case, a primipara, we abandoned the use of scopolamine on account of explosive vomiting; this was the only case which gave signs of gastric irritation. The baby of this parturient died three days after delivery with symptoms pointing to subdura! haemorrhage, which was most likely due to a prolonged second stage rather than to the two doses of scopolamine the mother had received. This was the only fatality we had.

The majority of the babies were born in a semi-narcotic state or a mild form of asphyxia livida. This condition passed off without any interferenc within twenty minutes, when they began to cry more or less lustily. In one case the cyanosis lasted twelve hours without any apparent subsequent harm. The effects on the mother seem to be exhilirating rather than depressing. Immediately after labor she usually sleeps for three or four hours and in the most favorable cases she has absolutely no remembrance of what she had gone through, evincing great suprise when her baby is shown her. The subsequent course of the puerperium seems unaffected by the scopolamine. We never permitted the patients to leave the bed on the third day of labor, as Gauss does in some of his cases.

Scopolamine narcosis seems particularly indicated in those women of hyper-sensitiveness, those who dread the pains of child-birth and those who having had an arduous experience in their first labor are mortally afraid of its repetition. It may not be amiss to point out the fact, known to most of us, that many of those women who resort to the prevention of conception, do so not because they are devoid of the natural maternal instincts, but because they lack the moral courage to go through the ordeal of labor.

According to Gauss, the only contraindication to the use of scopolamine is inertia literi. But to those of us who are inclined to be more conservative, contracted pelvis, eclampsia and nephritis offer certain ob-

jectionable features.

The portrayal of the action of scopolamine in obstetrics would scarcely be complete, if we did not touch upon a very disquieting by-effect which was evidenced in a majority of the primiparae under our observation. I refer to the restlessness, tossing about and struggling of the patients. In recent articles, this unpleasant action is entirely disregarded or so minimized that its full significance is not appreciated. These symptoms are manifested with the powerful pains of the second stage of labor and continue till the termination of labor; between the pains these patients are usually quiet. This effect seems to be due to the cumulative action of the drug and is present only after three or more doses of the scopolamine, depending on the idiosyncracy of the patient; it resembles to a great extent, alcoholic intoxication and is accompanied by marked symptoms of tenesmus of the rectum and bladder. The parturient insists on leaving the bed and refuses to use the bed-pan. My first primipara, who had been in labor for four days and was under scopolamine for thirteen hours, was so insistent that the physical persuasion of two internes, a nurse

and myself, was required to restrain her. To overcome this cerebral excitement, when it is present, we have in our recent cases administered in the perineal stage of labor a few drops of chloroform at the height of each pain. This has proven very effectual. The chloroform has the additional virtue of intensifying the amnesia. In multiparae, these symptoms were invariably absent. This is no doubt due to the fact that they seldom require more than three doses of scopolamine and also because the second stage of labor is of so much shorter duration.

The question as to whether scopolamine prolongs labor has received a good deal of attention and the opinions of observers differ. Gauss and Kroenig, contrary to nearly all other observers, maintain that labor is not prolonged, but rather expedited with scopolamine. We have found in our limited observations that labor was prolonged, particularly in primiparae. The first stage of labor seems uninterfered with but it is the second stage which is delayed. This prolongation seems to be due to the dulling of the normal reflexes, which inhibits the bearing down efforts of the patient so that the uterine contractions are only slightly reinforced by the abdominal muscles. Besides the recumbent position of the patient takes away the stimulus of gravity. This delay in the second stage has one advantage, as Harrar and McPherson point out, it lessens the likelihood of lacerations of the perineum.

Pituitrin would naturally recommend itself as an aid to scopolamine and as a matter of fact all recent observers use it for increasing the force of the pains. But unfortunately it is not very reliable in primiparae where its wonted action would be most desired. In multiparae, secondary inertia is readily overcome by pituitrin.

The administration of scopolamine in private homes except in unusually favorable instances ought to be condemned. Sufficient trained assistants are not available, the narcotist does not have the complete control of his patient, which is necessary to success, the flushed facies of the patient, her continued somnolence and, if toxic symptoms should develop, the violent restlessness, all these may prove so alarming to inexperienced onlookers that the narcotist may require the persuasion of the silvertongued orator to convince them that death is not seeking its victim.

To the busy general practitioner the induction of scopolamine narcosis is a procedure which will never make a strong ap-

peal, even if all the claims of the most rabid adherents were verified. A labor case is not only a trying ordeal to the patient, but also to the attendant. It is a tax on his energy and patience and coming inopportunely as it usually does, it disarranges all his plans. If with scopolamine he must be in continous attendance, which is most advisable, if he must be on the qui vive lest his dosage be insufficient or worse still oversufficient, if in addition he must carefully watch that the strands of memory are just far enough apart and not too far and if at the same time he must be on the alert for the ordinary contingencies of labor, little wonder that he will not extend a welcoming hand toward so nerve-racking a form of narcosis. It seems evident to the writer that the administration of this drug will eventually be limited to those who have special opportunities for familiarizing themselves with its action, those who will devote special attention to the perfection of a feasible technique. The haphazard, hit or miss method of administering scopolamine, means courting failure if not worse.

In conclusion, it must be conceded that scopolamine falls short of the four cardinal virtues of the ideal analgesic so heartily desired. Compared with ether it offers an element of uncertainty, which must prove most disquieting to the narcotist. But on the other hand we must be mindful that all of our reliable "stand-bys" show at times peculiarities in their action, or lack of action. Morphine, for example at times produces mental excitement instead of refreshing sleep; stychnine, digitalis, nitro-glycerin and a host of other Galenics often fail us at critical times. So far all recent reports including the writer's meagre offering, have shown that scopolomine does effectually narcotize, in the main without any deleterious effects. The attitude of the profession should therefore be the Wilsonian one of "watchful waiting." There is a fair possibility that the former decline scopolamine's popularity was due to overenthusiasm without discrimination, as was the case with Koch's tuberculin. With our soberer second thoughts focussed upon it. scopolamine may yet prove worthy of filling an honorable niche in our obstetric armamentarium.

The abdomen in disease is as mysterious as the future. One may venture a diagnosis in abdominal conditions and be correct as frequently as the weather forecaster, who hits his prediction in 40 per cent. of efforts.—Pittsburgh Medical Journal.

THE CONTROL OF CANCER.*

By Edward J. Ill, M. D., Newark, N. J.

I have been directed by the American Society for the "Control of Cancer" to talk to you and draw your attention to a few facts about cancer. We wish to draw your special attention to a few early symptoms which are so commonly neglected and the recognition of which make a cure possible and likely. Because of this public ignorance ninety per cent. of all cases die.

The records of a single hospital in England show that one in every six autopsies on bodies over forty years of age is a can-

cer case.

In our own country one of every eleven deaths after forty years of age is due to cancer. There are 75,000 cancer deaths a year in our country. The misery and pain preceding these deaths are indiscribable.

preceding these deaths are indiscribable.

It is likely that if our American people were a little broader in asking and permitting autopsies this number would be increased. The well known and deplorable difficulty in obtaining autopsies has a serious bearing on medical progress in our country and a proper understanding of family histories.

So far as we can see now, there seems to be no question but that cancer is on the increase. Of course we must consider that doctors are better educated and more apt to recognize the disease now than fifty years

ago.

We must beware of making the public unduly anxious about this possible increase. Nevertheless, let us know the danger signs early so we may combat a terrible malady with some chance of success.

Cancer is a malignant disease which begins locally in a very small area and spreads until it invades many parts of the body,

thus becoming fatal.

In the main there are two forms. One an ulceration and the other a tumor. Not every tumor is a cancer.

While it is still local it is perfectly amen-

able to treatment and thus curable.

When it has once invaded the surrounding structures its curability is doubtful and the patient usually succumbs to the disease.

We have no reason to suspect that it is contagious or hereditary, though it is known to have occurred in several members of the same family or in the same house.

Whether cancer is due to a germ or not we have no means of telling. The immediate cause is a local irritation of long standing.

The man who always holds his clay pipe in the same corner of the mouth is subject

to cancer of the lip.

The natives of Kashmir often suffer with cancer of the abdominal wall, because they carry under their cloaks a small stove to keep themselves warm. The little chronic burns thus gradually becomes cancerous.

It is believed that a chronic irritation of the neck of the womb as caused by a laceration at child-birth, subjects its bearer to

the disease.

The stomach is particularly subject to the disease, because of the long continued irritation, caused by chronic ulcers. It being a constant source of irritation, often developes into cancer. There are 30,000 deaths a year from cancer of the stomach in this country.

Men suffer nearly twice as much as do women, because of their habit of large eat-

ing.

The breast of the human female is also a frequent seat of the disease. Many are the causes of chronic irritation, but especially injuries, nursing and the pernicious pressure of the corset. Seven thousand five hundred women die annually in this country from the disease.

The womb or uterus is a most common location. One in every 22 women, dying

after forty, die from this disease.

The child-bearing women present the prepondence of cases over the unmarried. Twelve thousand die annually in our country or about 33 every day in the year.

Now what are the danger signs?

Pain is a *latc* symptom. Do not wait for *pain* to develop, for then it is too late and all hope for a permanent cure is gone.

A wart, a growth, a sore that refuses to heal promptly, or a mole that suddenly undergoes some peculiar changes should all

be regarded as suspicious.

Cancer often shows itself as a lump that can be seen or felt. When its occurence is connected with the loss of flesh, it becomes suspicious. The breasts and abdomen are a common location, though not every tumor is cancerous by any means.

Persistent and abnormal discharges from the breasts or the cavities of the body should always be considered with suspicion. When the discharges are of a bloody and

^{*}This address has been delivered to several Women's Clubs in the State of New Jersey.

watery character then we should ever be on the alert.

A bloody watery discharge produced by conditions which heretofore were not thus followed, is of great importance to the individual.

The change of life in women brings with it many queer symptoms. Let us not lose sight of a few facts however. First of all that the changes means a gradual loss of the functions. Synonymous with it there is a peculiar nervous disturbance. Both of them are normal, though they may last for many years.

The change of life does not mean an increase of the frequency or quantity of the flow. That is unnatural, but that does not necessarily mean cancer, though the individual should look to her doctor for advice.

If, however, the discharge is continuous and of a bloody watery character, the

menace is great.

Furthermore, if some time after the cessation of the regular flow there is a recurrence of ever so small a flow, one's suspicions should be thoroughly aroused and safety lies in an immediate and thorough examination.

I am going to talk very plain to you now, because what I have to say is one of the very earliest symptoms of cancer I know of. A little show of blood after marital intercourse demands a most rigorous examination.

What should be done? If a patient suffers with any of these conditions, I have laid before you, she should immediately go to her family physician. It is he who has her best interests at heart. If he needs further opinion he will advise you. By all means avoid the advertising quack, the wise neighbor and lastly your own valuesless opinion.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular December meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Friday the eleventh, at 8.30 P. M.

The following members were present: Drs. Andrews, Bullock, Barbash, Bartlett, Chew, Carrington, Conaway, Clark, Clement, Darnall, Davis, Frish, Fox, Garrabrant, H. T. Harvey, Ireland, Joy, Jonah, Lee, Lawrence, Munroe, E. Marvel, P. Marvel, McVay, Porteous, Rulon, Ritter, Reynolds, Stewart, Stern, Snowball, Scanlan, Silvers, Shivers, Schmidt and Westcott.

The following visitors were present: Henry K. Pancost, M. D., John McGlinn, M. D., A. A. Uhle, M. D., and Henry Beates, Jr., M. D., all

of Philadelphia, and Otto Fitz Simons, D. D. S., of Atlantic City.

The scientific program was opened by Dr. John McGlinn, who gave a thirty minute talk on "Things the General Practitioner should know about Obstetric Surgery."

Dr. Glinn took up first the mechanics of labor and certain problems involved in the mechan-He said that a great many physicians imagine, and that he at one time thought, the mechanics of labor was something to be rememberred for examinations while at college and then forgotten. This is not so. It is a matter of practical application in every day work and should be followed out in every case. should keep ever in mind the various planes of the pelvis and always recall that the forces behind labor are the same, and that the kind of mechanism is dependent on the resistance. The points of resistance which mainly regulate the kind of mechanism are, first, the pelvic brim; second, the pelvic floor, and third, the pelvic outlet.

Dr. McGlinn then described with the aid of blackboard drawings and of a pelvis and manikin, the mechanism of a left or a right occiput posterior position, demonstrating the reason this labor is essentially of longer duration than when the occiput is anterior, other things being equal. The difficuties which are incountered in this labor and which require the constant attention of the physician in charge are: uterine incrtia which may be followed by hemorrhage, danger to the child and danger of lacerations.

The solution to this problem is, early diagnosis of the position. Discover whether the head is rotating anterior or posterior and if it is rotating posterior, do not let it. Make it rotate anterior. This may be done by one of two methods, manual, which is successful in 99 per cent. of trials, and by means of the forceps if the former fails.

First, introduce the hand and locate the posterior ear with the fingers and then place the thumb on the opposite side of the head and rotate occiput anterior. Have the assistant hold the head in this position from above while you apply the forceps and either complete delivey or pull the head down where it will stay. If this method fails for any reason, and you endeavor to rotate by using forceps, insert the left blade to the posterior ear and then the right blade over the anterior ear, lock, and rotate the occiput anterior or so the forceps are upsidedown. Now have assistant hold head in place while you remove the forceps as this is only a manouver. Reapply the forceps properly and either deliver or bring the head where it cannot rerotate.

Dr. McGlinn showed how the knowledge of the various mechanisms of labor is necessary for the intelligent application of and delivery by forceps. The rotation of the head which is taking place must always be kept in mind while making traction on the forceps, and allowance made for it. If the ear is found and the first blade placed over it, there is little likelihood of getting the forceps on wrong, as the blades will not lock until the second blade is over the opposite ear. The direction of the pull should always be in a line with the canal.

Dr. McGlinn then spoke briefly on the mechanism of a breech labor, stating that two distinct mechanisms must be watched, that of

the breech and later of the aftercoming head. After the legs and body are born there seems to be a tendency to pull. This should not be done as it so often forces the folded arms into extension and then there is greater difficulty in extracting the arms and shoulders. If this happens the operator should find the shoulders with his index finger and slide the finger along the arm to the bend of the elbow, then bring the arm dówn, at the same time folding it across the chest and it will then easily slip out. Instead of puling, if pressure is made on the fundus, the arms are not near so likely to become extended. This rule also aplies to the head which must be kept in a flexed position as long as possible. Pressure on the head above to keep up flexion, and traction from the shoulders will usually deliver the head without much difficulty.

The second number on the program was a very interesting paper read by Dr. Henry Pcatcs, Jr., of Philadelphia, on "Things the General Practitioner should know about the treatment of Cardiac Diseases."

Dr. Beates cited several cases, the result of which led him to pay special attention to the diagnosis of diseases of the heart and arteries. One was a patient of his, who was enjoying apparent good health, but who died very suddenly without any warning whatever. The post-mortem in this case showed an extensive fatty degeneration of the heart with only here and there a few scattered healthy muscle fibres. Another sudden death in an apparently healthy individual showed at post-morten, after having part of the anterior tibial and brachial arteries sectioned and examined microscopically, a marked over-development of the muscular layer, and the greater the distance from the aorta the greater this hypertrophy. This led Dr. Beates to the conclusion that the arteries play a far more important part in the circulation of the blood than he had hitherto believed. The cases under consideration," said Dr. Beates, "usually come to the physician with a symptom complex, which, if properly thrashed out, can be traced, as a rule, to a local condition."

In arterio-sclerosis all three coats of the vessels may be involved in the pathological process, or, only one or two may be involved. In handling such a case, while attention must be paid immediately in a direct manner to the lesion, we must not neglect to remedy that which brought about the local manifestations, among which causes incorrect hygiene and diet plays a most important role. Cases of this kind coming under our observation, as a rule, show a high blood-pressure reading and this alone sometimes precipitates efforts on our part to immediately reduce the blood pressure. This we should not do, at least until a thorough detail investigation has been made and conditions found to warrant such a reduction. Don't tell the patient his or her blood-pressure is high and this condition if not corrected may lead to apoplexy, as this is in all probability not so. But this is a compensatory process and nature is carrying along her work in spite of obstacles. These are serious conditions and we must make a deep and thorough study of each case if we wish to get results.

Several factors must be kept in mind when dealing with cardiovascular disease, first, inervation which depends on the normality of the vasomotor system and on the vitality; second, the circulatory system as a whole, and third, the cellular element. In choosing circulatory stimulants recall those which particularly effect the heart, those which particularly effect the vessels and those which effect the capillary system. Do not allow fear of vessel rupture to defeat your therapeutics.

Dr. Beates then took up the subject of lymph and lymph production, declaring that no lymph spaces are in direct continuity with the blood, but that some form of transmission, probably an osmosis, the exact cause of which is unknown, takes place. The blood-pressure is, of course, the mechanical agent. In this way internal secretions, ferments, antitoxins, etc., are carried from the glandular organs into the blood stream. Certain of these internal secretions, we now know, play an important part in equalizing, or, on the other hand, disturbing the bloodpressure function, and by regulating the defects in the internal secretions the equilibrium may be restored. It makes little difference, however, in what manner the circulation is restored; whether by a glandular extract, a good preparation of digitalis or some other drug, nor does it matter when treating a heart condition whether it be mitral regurgitation or stenosis, or aortic regurgitation or stenosis, this question arises: Is the equilibrium disturbed? If so; the condition demands therapeutic art. Digitalis will restore this, equilibrium. Beates then outlined a case in which he said the treatment might be termed "contradictory therapeutics." A case showing marked dyspnoea, superficial temporals distended, forgetfulness, possible cerebral softening and beginning oedema. Large doses of digitalis in such a case will cause marked delirium, but on the administration of veratrum viride to open the peripheral vessels this symptom will clear up rapidly. The blood-pressure does not as a rule increase to a danger point on the administration of large doses of digitalis and such patients may be kept going to useful years.

To be continued in February issue.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, December 8th, 8:15 P. M. In the absence of the president and vice-president, Dr. St. John was elected chairman. Twenty-two members were present.

Scientific program:

Dr. A. Van S. Lambert, New York City, on "Infections in Diabetes Mellitus."

Discussion was opened by Dr. Frank D. Gray, followed by Dr. Bell.

Dr. Gray gave us a very interesting talk on medical organization and the importance of increasing our membership.

The meeting adjourned after a social session.

CAMDEN COUNTY

Edward B. Rogers, M. D., Reporter The October meeting of the Camden County Medical Society was held in the city dispensary, Camden, on Tuesday, October 113, 1914. The Vice-President Dr. E. A. Schellenger, presided. Reports of all committees and delegates were called for as well as the annual report of the reporter which was presented in an excellent manner by Dr. Albert B. Davis. The following ticket of officers, committees and delegates was unanimously elected to serve for the ensuing year: President, E. A. Y. Schellenger; Vicepresident, John J. Haley; secretary, Daniel Strock; assistant secretary, William H Pratt; treasurer, William W. Kain; reporter, Edward B. Rogers; historian, Alfred Cramer; censor, Henry H. Davis (1919); trustee, H. Genet Taylor (1917).

Committee on Scientific and Literary Work—William C. Raughley, chairman; Thomas B.

Lee, William A. Wescott.

Legislative Committee—Walter S. Bray, chairman; Leslie C. Lyon, William B. Jennings.

Committee on Arrangements—John F. Leavitt, chairman; Grant E. Kirk, Howard F. Palm.

Annual Delegates to the Medical Society of New Jersey—A. Haines Lippincott, chairman; Marcus K. Mines, Milton M. Osmun, E. M. Richardson.

Delegates to Atlantic County Medical Society—Dowling Benjamin, chairman; Frank B. Cook, Jennie S. Sharp.

Delegates to Burlington County Medical Society—Henry H. Sherk, chairman; Henry F. Bushey, Charles H. Jennings.

Delegates to Cumberland County Medical Society—Alfred M. Elwell, chairman; Edgar Howard, Roland I. Haines.

Delegates to Gloucester County Medical Society—J. Anson Smith, chairman; Lida Taylor Allen, Adrienette L. LeFevre.

Delegates to Salem County Medical Society—Ernest G. Hummel, chairman; Jessie L. Mahaffey, Edgar Clements.

Due to the absence of our president, Dr, Joseph L. Nicholson, who was convalescing from a severe attack of pneumonia, the president's address was not given; after adjournment a good dinner was served to the members and guests present.

The December meeting of the Camden County Society was held in the City Dispensary, Camden, on Tuesday, December 8, 1914, at 12 o'clock noon, Dr. E. A. Y. Schellenger, president, presiding. The following papers were read:

The Management of Normal Labor, by Dr. Edward C. Pechin, of Camden, N. J.

Pituitrin in Obstetrics, by Dr. Walter H. Smith, Haddonfield, N. J.

"Twilight Sleep," by Dr. Adrienette L. Le Fevre, Blackwood, N. J.

The discussion was opened by Dr. E. G. Hummell, of Camden,, and was followed by had himself shown results which justified a quite a number of the members and guests present, among whom was Dr. Frank D. Gray, President of the State Society, and D. Longacre, of Philadelphia, the latter having had considerable experience with the scopolamine-morphine anethesia. The papers were well rendered and the discussion was profitable. Dr. Gray gave us an inspiring talk on medical organization, which was profitable to all present. The meeting adjourned at 3 p. m.,

when a turkey dinner was served to all, after which the members left for their homes, after enjoying one of the best meetings in this society's history.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter. The Essex County Medical Society met in scientific session on Monday, December 14th, at 8.30 P. M., to hear Dr. J. Clifton Edgar, of New York, Professor of Obstetrics, Cornell University Medical College, on "Twilight Sleep." The meeting was held in the rooms of the Board of Trade and was very largely attended. Moreover, the unusual discussion by so many of our members, which the subject and the speaker evoked, made it a meeting of rare value, the result of which was very helpful toward putting scientific medicine right in its attitude on the subject of "Twilight Sleep," and whatever of real value it holds for the pains of childbirth, amid alouds of advertising exploitation. Dr. Edgar's address was a carefully prepared and thorough study of twentyfive cases in which the treatment had been exactly followed and the results minutely studied. His analysis finally led to the conclusion that: (1) Method is in no essential respect different from that so widely exploited in this country about a dozen years ago, unless it be that the preparations then of hyoscine (which is in chemical, physiological and every other respect, so far as ascertainable, exactly the same as scopolamine), were unreliable in uniformity, hence the claim that the danger, now, both to mother and child is reduced; (2) that the action of the drugs is not analgesic, but, only and distinctly amnesic. In this connection he enlarged somewhat on the fact, which every accoucheur has certainly observed, that the memory of pains in childbirth is in no such degree as the apparent severity, at the time, of the pains, i. e., nature has compensation for the pains which are physiological and not pathological; (3) that some amnesia can be produced by this method without seriously endangering the life of either child or mother, though the road traveled is distinctly in the direction of danger -for both; (4) that there is nothing new in knowledge of resources for the purpose, but only a scheme of application and which must be used with great care; (5) that the one death in these twenty-five cases is the basis for the analysis made of dangers to the child and, in spite of the evidence that the medication was the cause of death, revealed the important fact that the mother was toxic and had had unfortunate experiences in preceding deliveries; moreover, one such would be insufficient proof that the mortality would be four per cent. In the discussion which followed, Dr. Price reported a number of cases from the Newark Maternity Hospital with approval of the method and thought that the speaker, Dr. Edgar, less conservative attitude than he manifested.

Dr. Bleyle, on the other hand, like most who spoke, saw nothing remarkable in it and dangers which would prevent a radical departure from accepted methods. Many asked questions which were fully answered by the speaker. He remarked that he was surprised at the atmosphere here of conservatism, like his own, inasmuch as he had expected opposition to it; he thought it worthy of sincere trial in properly selected cases to get comparative

statistics before coming to a conclusion; he had given the method, as promulgated a dozen years ago, thorough trial with experiences that were not successful or safe and abandoned it.

At this meeting Dr. Coit, for a special committee, made a report on the facts concerning the recent investigation of milk and the efforts of the Medical Milk Commission to safeguard certified milk (against tuberculosis) which report is herewith submitted and will be published in the Journal. Other committee reports were called for and rendered, indeed the president announced that this year every committee would be called upon at every meeting, an innovation which should redound to greater interest in committee work. Five new members were elected as follows: Drs. Harry N. Comando, Herbert Roy Van Ness, Charles George Crane, Frederick A. Allen and Frank Edgerton Deeds, all of Newark.

At the meeting of the Academy of Medicine of Northern New Jersey December 16th, Dr. Alfred Stengel, Clinical Professor of Medicine, University of Pennsylvania, Philadelphia, spoke on "Clinical Forms of Diabetes Mellitus, with discussion of Diagnosis and Treatment." In introduction, he reviewed the groups of cases in the inter-relation of kidneys, heart, etc., the habits of the patient especially in diet and in etiology, the importance of the pancreas and medulla. Diagnosis he said was difficult. Glycosuria is the leading symptom and should always lead to suspicion of Diabetes. Management and treatment is of supreme importance. First, "take his measure" of tolerance of carbo-hydrates, i. e., find the amount of carbon-hydrate food limited by absence of all sugar from the urine and, in treatment, adjust the allowance of it to the necessity of maintaining this absence. In substituting proteids, watch the condition of kidneys, important especially if diseased also, and bear in mind constantly impending acidosis, which when present must be met by alkalies, intravenously for coma. The Section on Pediatrics of the Academy of Medicine met December 3rd and heard a paper on "Deformities in Children and their Treatment," by Dr. Carl R. Keppler, of Elizabeth, reviewing the wide range of causes and the great diversity of deformities and their importance to the individual and to society, that he may learn to be as little disabled as possible. He showed braces and plaster treatment, plates for flat, or weak feet, discussed operations, including consideration of both Hibbs' and Albee's, for Pott's Disease. Discussion was lively and general, participated in by Drs. Stern, Selvage, Pinneo, Sprague and T. Gray. The Section on Medicine met December 8th and considered Chronic Gastric Ulcer in a symposium; (a) Pathology, by H. S. Martland; (b) Roentgen demonstration, by Dr. C. F. Baker; (c) Diagnosis, by Dr. Maurice Asher; (d) Medical Treatment by J. D. Lippincott; (e) Surgical Treatment, by Dr. Edw. Staehlin. The good work this Section is doing through the active interest of its officers, Dr. F. Horsford, Chairman and Dr. D. Zehnder, Secretary, shows that it pays to cultivate an interest in a scientific program and expect a goodly attendance. The combined Section on Surgery and Gynecology mct December 22nd, the topic Surgical Diseases of the Stomach, excluding Ulcer; (a) Diagnosis, by Dr. Asher; Medical Treatment. by Dr. F. C. Horsford; (c) Surgical Treatment,

by Dr. Edw. Staehlin. Report was made also on Two Cases of Spinal Graft in Pott's Disease with Pressure Symptoms by Drs. F. R. Haussling and Edgar Holden, Jr.

The annual meeting of the Essex County Pathological and Anatomical Society was held Thursday, December 10th. The annual reports were rendered and officers elected as follows: President, Dr. D. A. Kraker; vice-president, Dr. H. S. Martland; secretary, Dr. F. W. Pinneo; treasurer, A. S. Harden. On the Board of Governors, Drs. J. F. Hagerty, H. B. Epstein, C. E. Sutphen, each for two years, and Dr. C. R. O'Crowley for one year. The present mem-

bership was reported to be 153 and still growing. The cash balance in the treasury, \$264.43; total receipts for the past year, \$765.00. The program was as follows:

1. Annual business meeting. Reports. Election.

2. Demonstration (Clinical) of the "Schick Reaction and its Practical Application," a test of immunity in Diphtheria; from the Research Laboratories of the New York Board of Health, Dr. Wm. H. Park, Director, by Dr. A. Zingher.

Cases.

3. Cystoscopic Examination of Bladder Papilloma, Dr. O'Crowley; 3. Chronic Progressive Osteomyelitis of Temporal and Parietal Bones, 5. Epithelioma of External Auditory Meatus with Cholesteatoma, Dr. Eagleton; 6. Status Lymphaticus, Dr. Martland.

Specimens.

7. Fetal Adenoma of Thyroid, Dr. Epstein; 8. Splenomegaly with Secondary Anemia (Banti's Disease), Drs. Asher and Martland; 9. Treponema Pallidum in Brains of General Paresis, Drs. Wardner and Martland; 10. Various Pathological Specimens from City Hospital, Dr. Martland.

The Schick reaction demonstrated by Dr. Zingher was carried out on nine children and nine adults who had been injected, intra-dermically, 48 hours before and exhibited by the presence or absence of a reaction of their susceptibility, or immunity, to diphtheria. Dr. Zingher's paper covered interestingly a review of the work in serology which led up to this latest attempt to ascertain by simple clinical means an individual's immunity to diphtheria, which hitherto has only been possible by testing the number of antitoxin units in his blood, by experiment. It revealed a difference between bacterial and antitoxin immunity, between a susceptible patient and a "carrier," and opened up many very interesting and important considerations of this dreadful infection, robbed as it has been of some of its horrors only by the discoveries of Serology and its application. The combined attractions of the program developed an attendance which was exceptional, the largest known for a meeting devoted to a sectional topic, and the great interest of those present was manifested in their stying through a long program, adjourning not till 11. 15 P. M.

The William Pierson Medical Library Association in its armirable series of the season's lectures heard Dr. Nathanial B. Potter, of New York, on December 15th, who spoke on "Some Examples of Low and Lowered Blood-Pressure."

HUDSON COUNTY.

William Freile, M. D., Reporter. The third session of the Hudson County Medical Society assembled at the Hof Brau House, on Tuesday, December 1st, 1914. The ordinary routine business was transacted.

Applications for membership were received from Drs. L. Mendelsohn, 272 Montgomery street; F. D. Sherwood, 554 Summit avenue; J. W. Macmillan, 313 Webster avenue, all of Jersey City.

Dr. F. D. Gray referred to the articles recently published by the Publicity Committee, and was of the opinion that the signature of said committee should appear thercunder, and not the signature of any particular individual.

Dr. George E. McLaughlin spoke on the need of a lantern for projection purposes. After discussion it was moved and carried that the proper equipment be acquired, and a committee composed of Drs. F. D. Gray, McLaughlin and Axford was appointed to make the purchase.

Dr. Henry Spence observed that immediate action should be taken to be effective on the bill put in on drugs. Dr. Arthur P. Haskings explained at length the present status of this drug bill. The terms employed in the present legislative act, are common terms as opium and morphine, whereas we use the salts, and have probably never seen the crude drug. He explained that thanks to Mr. John C. Gallagher and others, there was now under way a bill to enforce an act to amend the Penal Code Crimes Act, which is iron clad and precluded the beating of the laws by any possible chemical combination of narcotic or habit forming drugs. The second section of this act strikes at the root of our trouble. The overwhelming majority of druggists are honest men. The "Pocket Trade" when goods are sold to known customers by the man on the corner, or back room, etc., and the effort is being made to have the presence of these drugs equivalent to a revolver, viz.: A concealed weapon by the individual, unless possessed by a prescription of a druggist, dentist or veterinarian. A good bill had been approved by the N. J. Pharmaceutical Society, The American Pharmaceutical Society and the American Proprietary Drug Manufacturers (the later a powerful organization) and was presumed to be passed but was defeated. Dr. Spence moved that the Legislative Committee be empowered to back this bill if it be introduced this year.

Dr. A. E. Jaffin mentioned there is some one in Hoboken who is treating patients and distributing medicine illegally, and the matter was referred to the Public Health Legislative Committee

Dr. G. K. Dickinson was reminded of the fact that the annual dinner would soon be due, and appointed Drs. McLaughlin, Jones and Spence to compose a committee of arrangements, etc. He hoped the dinner would be fulsome and enjoyable, with good speakers, music and a good time. He felt the public had done something for the medical profession, and that it was up to the medical men to do something for the public. He asked if wouldn't be wise to invite men of standing in other professions, who were interested in medical effort. He suggested that the gathering be an F. D. Gray dinner, to honor Dr. Gray because of his presidency of the State Society, and the work which he has recently done in this city itself; as evidenced by the large gathering in the City Hall.

Dr. McLaughlin asked for some expression as to where the dinner should be held, as to the scope, cost, etc., and without any detraction from Dr. Gray, suggested a popular price. Dr. Dickinson felt the dinner should be held in Jersey City, as it was handy to the keyhole. Dr. F. D. Gray voiced the same sentiment, and thought the Hof Brau House would be the proper location, as the society had the use of their meeting room free of charge, and he thought we could do no less than return the compliment by letting them have whatever profit there would be in the dinner. He felt that much of the success he had accomplished was due to showing the public that we appreciate the big work that has been done.

Dr. Jaffin presented two patients, interesting from diagnostic and therapeutic standpoints. He was much impressed with the factors in these cases that he could not resist the temptation to exhibit them. 1st. Man 40 years old. September 1, 1914, came under observation. Had been sick two weeks with intense abdominal pain, most marked over head of caecum, cramps, increasing diarrhoca-some feveremaciation, cachexia and a picture of advanced carcinoma. Rectal examination by finger and proctoscope showed a sloughing mass, bloody and covered with pus, which the narrator took to be a carcinoma of rectum with some inflammatory changes, producing the extreme proctitis and colitis. This patient was lost sight of and went to a hospital in New York, where a similar diagnosis was made, and operation advised. Two nights prior to the projected surgery, an interne snipped a piece of tissue from the mass, and found nothing but evidence of inflammatory origin, and a second and larger piece gave the same return. Particular efforts without avail were taken looking to a diagnosis, until a warm slide revealed an amoebic colitis. This saved the man from an operation, which would probably have been fatal, as extensive procedures were contemplated. Therapeutics: Emetin injections were given for four or five days. In eighteen days rectal examination showed nothing. Ipecac was given by the mouth in large doses, reducing it gradually. He still has a few movements daily, and examination of stools fails to find any amoebae. The question as to the source of his infection is pertinent, as he has lived here eight years, never been to the tropics. The water supply we have been proud of. He had pyorrhoca alveolaris, and treatment was of course directed thereto. The emetin (which must be followed by the ipecac) can be given in doses two-third grain by hypo twice a day for first two days. Then t. i. d. one-third grain.

Patient No. 2. Carpenter, aged 44. Nothing of note in his previous history except that he had had an accident in a planing machine, followed by infected fingers, from which he made a good recovery, and was then a well-nourished, man. Two and a half months ago he noticed loss of weight and appetite, feeling of weakness, epigastric lump, radiating pains to the groin and breasts; vomiting mucus on awakening, slight cough with expectoration, and night sweats. He was much emaciated. weighing only 128 pounds and looked like the last stage of carcinoma; in fact, one would

suspect the very large liver he had, as being metastatic. Temperature 101½—no jaundice; no enlarged glands; dry red tongue; liver border not quite smooth. There being very little hope from surgery, as a placebo he was given K. I. gr. XV., t. i. d. Three weeks later he reported a gain of fifteen pounds. Wassermann negative. Liver greatly diminished. Weight now 151 pounds and he is doing his same work as usual. A second Wassermann a month later proved negative, and consequently the diagnosis of leutic liver cannot be corroborated from a scientific standpoint, but the therepeutic test should nevertheless be acceptable. This man has also a palpable spleen.

Dr. Louis Franklin then read his paper on "Gastric and Duodenal Ulcers," the discussion

on which was full and spirited.

The final topic of the evening "Tubal Pregnancy," was presented by Dr. Daniel T. Winter. These two essays with a synopsis of the discussion thereon will be published later.

MERCER COUNTY.

Samuel Sica, M. D., Reporter.

The regular monthly meeting of the Mercer County Medical Society was held in the mayor's office on December 1st.

The following members were present: Drs. Scammell, Bellis, Taylor, Sheppard, Funkhauser, Koplin, Hawke, Mitchell, Schoenig, Costill, Craythorn, Kuhl, McKenzie, Yazujian, Lalor, Kirkpatrick, McGuire, Rogers, Reddan. G. E. Parker and Sica.

Drs. Rufus Scarlett and Van Alstyne H. Cornell were elected to membership. Dr. Cornell is a homeopath and his application brought forth an informal discussion on the advisability of admitting homeopathic physicians to the society. His election proved that the society would always welcome such good men.

The following officers for the year 1915 were elected: President, Dr. W. A. Taylor; vice-president, Dr. Horace D. Bellis; secretary, Dr. E. B. Funkhauser; treasurer, Dr. Irenaeus P. Sheppard; reporter, Dr. Samuel Sica. Dr. Sheppard has been treasurer of the society since 1899; he asked to resign but the society felt that he had served so faithfully that he should withdraw his resignation, which he did, with the above result.

Drs. Scammell, Craythorn and Hawke were elected delegates to the annual meeting of the State society, with Drs., George E. Parker, Mitchell and L. Rogers as alternates.

Dr. Taylor reappointed Drs. H. B. Costill, M. W. Reddan and George R. Moore, the program committee. The committee is to be commended on its good work; it has arranged programs for each meeting that were good. The subjects were good, and the papers were always well prepared. The discussions that followed were very interesting and instructive; the president would usually call on each member present for some remarks.

Dr. Mitchell gave a very interesting talk on "What Shall We Do With Our Abused Dispensaries?" He told of the amount of work done in each of them and the classes of patients that go to them for treatment; he cited cases to show how the dispensaries are abused. Dr. Mitchell asked that the society, with the co-

operation of the directors of each institution, formulate a plan by which dispensary abuse will be stopped, and try and make the people understand that free treatment at the dispensaries is for the poor, and not for the property owners or good wage maker, who can well afford to pay the physician's fee. The question was discussed at some length, and almost all present took part.

MIDDLESEX COUNTY.

Received too late. Will appear next month.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

A regular meeting of the Morris County Medical Society was held at the Mansion House, Morristown, on Tuesday, December 8, 1914. All the officers were present, but there was a small attendance of members, due partly to the inclemency of the weather.

A resolution was introduced and carried that the next meeting be held at night to see if this would increase the number of members present.

The Committee on By-Laws reported that they recommended the adoption, with a few modifications, of the by-laws printed by the American Medical Association. It was decided that the society purchase sufficient copies of these and mail them to each member so that they might be carefully read over and deliberated upon before the next meeting, when their adoption should be considered.

The first paper, by Dr. Harry Vaughan, a member of the society, was on "Laryngoscopy, Bronchoscopy and Oesophagoscopy," with exhibition of instruments and models.

Previous to reading the paper, the doctor showed a case of lupus, which showed no improvement under application of ointments but was healing rapidly by means of exposure to X-rays. He also showed a polypoid turbinate he had removed along with a normal specimen to show the marked difference.

In opening his paper, the doctor said that the most use made of the methods he described was for the purpose of locating and removing foreign bodies in the larynx, bronchus or oesophagus. The premonitory symptoms of the presence of foreign bodies were violent choking, aphonia, beads of perspiration on the forehead and a weak pulse; if they were in the larynx there was often dyspnoea added to the other symptoms. Some cases, diagnosed tracheal diphtheria, were due to the presence of foreign bodies. Early removal of all foreign bodies in the air passages was recommended, as the risk attending this procedure was less than that from leaving them in situ. The practices of thumping the back or attempting their removal by the fingers was often attended by bad results. Tracheotomy was preferable, as it was useful either to re-lieve dyspnoea, for better inspection or for the removal of the substances. X-ray examination, bronchososcopy and tracheoscopy were useful for locating the foreign body. The method of treatment recommended, if patient was comfortable, was to remove the patient to a hospital and do an emergency operation. Because of the fact that many patients soon become comfortable, the fact of their having swallowed a foreign body was not reported until a second attack several hours or days after the first. Any physician called in these cases should be prepared to do a tracheotomy if the foreign body was in the trachea, it would likely come out or it might be expelled if the mucous membrane of the trachea was titillated, or it might be located in the larynx by a probe and seized from above or found in the bronchus in a similar way; if it was, its removal was best done by means of a bronchoscope.

Ulcers and strictures could be located and treated by use of these measures. Much could be done in adults by local anesthesia with ten per cent cocaine, while in children ether was

necessary.

By means of models and specimens of the larynx, trachea and oesophagus, the doctor demonstrated the introduction of Jackson, Killiam and Schoonamacher's modification of Kahler's tubes and showed how foreign bodies could be located and removed with forceps and careful examinations made.

Dr. R. D. Baker, of Summit, gave an address on "X-ray Work in Diagnosis of Conditions in the Alimentary Tract." He showed a number of plates to point out various conditions which he described. Before showing plates of abnormal conditions, the doctor said that the stomach was normally supported by the diaphragm, by ligaments at the pyloric orifice and the hepatic ligament, while the large bowel found support at the hepatic and splenic flextures. Gastroptosis was most common on the right side and investigation showed that in one person in five there was incomplete rotation and fusion of the right bowel.

If the right kidney was movable there was in those persons a probable or potential right-sided ptosis, while with a left movable kidney the splenic flexture was likely not properly supported and then was apt to be a gastro enteroptosis.

Dr. Kellogg, of Battle Creek, had perfected a short circuiting operation to allow the contents of the caecum to enter the colon as it was impossible in cases of intestinal stasis to prevent reverse peristalsis in the small intestine. Iliac stasis might not be troublesome unless there was associated with it over tire, often giving rise to a condition of general upset, a sick stomach being the most pronounced symptom.

Mid-line stasis also would give rise to toxemia, with its resultant symptoms. Redundant sigmoid iliac, caecal incompetency, ulcers, atomy and peculiar shaped stomachs as well, as whether carcinomas were operable, could all usually be determined by means of X-ray plates following a bismuth meal.

Owing to the lateness of the hour discussion of both papers was postponed until after dinner.

In opening the discussion, Dr. Brewster said that it was a pleasure to know that we had one in our midst with the necessary instruments to do radical work in locating and removing foreign bodies. He also said that he had suffered most of his life from intestinal stasis until a recent operation had relieved all his symptoms.

Dr. Mills said that he had noticed frequent-

ly that the removal of an appendix was followed by an amelioration of abdominal symptoms, even if these were associated with a gastric ulcer.

Others who took part in the discussion were Dr. Meigh, of Bernardsville, a guest of the society; Dr. Knowles, Dr. Lewis and Dr. Vaughan.

Dr. Baker, in closing the discussion, said that many ulcers were due to infection, which might be from a diseased appendix; that the salt of bismuth most used, because least dangerous, was the subcarbonate, while the sulphate was used i rectal injections. He mentioned that on at least two occasions the sulphide had been dispensed and followed by sudden death.

PASSAIC COUNTY.

Chars. R. Mitchell, M. D., Secretary.

The regular meeting of the Passaic County Medical Society was held in the Braun building, Paterson, on Tuesday, December 8th, 1914. Dr. J. C. McCoy, presiding, and fifty-four members being present. There were also present as guests: Dr. John Osborne Polak, of Brooklyn; Drs. Le Vine, Schiller, McFadden of Hackensack and Levitas of Westwood.

The Board of Censors reported favorably on the application of Dr. Hyman J. Udinsky, of Passaic, and he was elected to membership to

take effect January 1, 1915.

The president introduced Dr. Polak, who read a most excellent paper on "Twilight Sleep—Its Indications and Limitations," basing his conclusions on about 200 cases observed in his hospital services and in the Freiburg Clinic. The special points emphasized by the essayist were as follows:

First—The treatment should not be used unless begun early in the first stage of labor.

Second.—The length of labor was not effected.

Third.—The pains were not abolished, but that the memory of the pains did not remain.

Fourth.—The treatment did not in his experience of one hundred and thirty personal cases have an alarmingly bad effect on either mother or child. There had been several cynanotic babies, but only one death that could be attributed to the anaesthetic.

Fifth.—The method was one that required experience and the further demand would have a tendency to develop anaesthetists in this branch.

Sixth.—The entire procedure was one attended by considerable work on the part of the physician, demanding hospital facilities, dark, quict rooms, etc., and was not a procedure to be adopted in general practice.

Seventh.—The future would have to determine what place twilight sleep had in the practice of obstetrics.

During the course of the paper, Dr. Polak spoke of the improper use of the Crede method of expelling the placenta, emphacizing the point that this was a method of expulsion and not a method of separating the placenta from its uterine attachments. The discussion that followed was participated in by Drs. Todd, Flitcroft, Joyce, Levitas, Surnamer, Yates and Maclay.

The application of Dr. Archibald Fowler Graham was referred to the Board of Censors.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The Somerset County Society met in its December session at the Ten Eyck House, Somerville, Thursday, the 10th. Owing to the inclement weather the attendance was not large; a matter of regret, in view of the excellent paper presented by Dr. R. D. Baker, of Somerset, N. J. This dealt with the various visceral displacements, and went into the mechanics of such ptoses, with a consideration of the fixed points in support and such remedial measures, especially non-surgical, as might be employed with advantage in treat-The paper was beautifully supplemented by a superb series of X-ray plates that showed intestinal outlines beautifully from the use of bismuth. Dr. Baker was warmly congratulated upon his very evidently thorough work, and the society requested him to forward his paper to the Journal for publication.

Amendments were also offered for the establishment of a Good and Welfare Committee, whose functions should be the consideration of matters looking for the betterment of conditions among the legally qualified practitioners in the county, and particularly to increase the enrollment of qualified physicians

in the county society.

Two active members of the society from North Plainfield, Drs. F. J. Hughes and F. E. DuBois, presented their resignations, as they have removed their residences to Plainfield and desire to enroll in Union County. The resignations were regretfully accepted. The matter of membership in the society on the part of resident internes in the county institutes was brought up for discussion, and terminated by the adoption of a resolution to extend to such practitioners the privileges of the society.

Dr. W. A. Clark, of Trenton, the district councilor who was present, was then cared upon for a few remarks and responded in his usual happy style.

Reports from Local Societies.

Mountainside Hospital Clinical Society. William N. Harrison, M. D., Secretary.

The regular monthly meeting of the Mountainside Hospital Clinical Society was held at the hospital, Thursday evening, November 5th, 1914; twelve members being present.

Drs. J. A. Caldwell, of Montclair, and Browne Morgan, of Bloomfield, were proposed for membership. Dr. W. B. Mount presented a case of axillary breasts, the patient (colored) having in each axilla a mass of breast tissue, which during each lactation became enlarged, with pigmentation of the overlying skin. Dr. W. H. Van Gieson reported a case of amoebic dysentery cured by five injections of emetine hydrochloride. Also a case diagnosed as septic endocarditis, but in which no primary focus of infection was demontrable. During the discussion the possibility of syphilis was suggested as the etiological factor.

Dr. J. T. Hanan reported a case of rupture of the kidney Also a case with protracted

fever, diarrhoea, abdominal distention with some ascites, variously diagnosed as typhoid, copper-poisoning and tuberculosis; in which there was a 3-plus Wassermann reaction, and on which rapid improvement followed the administration of neosalvarsan in repeated minimal doses with mixed treatment by mouth.

Dr. J. T. Brown showed X-ray plates of a fracture of the lower end of the humerus reduced, using the screen method, with a per-

fect anatomical and functional result.

DECEMBER MEETING

The December meeting of the society was held at the hospital, Thursday, December 3rd, 1914, at 8.30 P. M. Twenty-two members were present.

Dr. W. R. Broughton reported a case of glaucoma treated by Elliott's corneal trephning.

Dr. M. J. Synnott reported a case of Bell's Palsy and a case of Vincent's Angina. Dr. F. F. Carman read a paper on "Some New Laboratory Methods of Diagnosis," describing tests for peptic activity, examination of duodenal juice and use of the duodenal tube, Abderhalden's test for cancer and the phenolsulphonepthalin test for renal function.

Dr. J. S. Brown discussed some "Fallacies of Intestinal Stasis," with X-ray plates, of a case

of visceroptosis.

The Associated Physicians of Montelair and Vicinity.

Walter B. Mount, M. D., Secretary.

The regular monthly meeting of the Associated Physicians of Montclair and Vicinity was held at the Montclair Club on the evening of Monday, November 23rd. The speaker of the evening was Dr. William A. White, superintendent of the Government Hospital for the Insane, at Washington, D. C., and professor of mental and nervous diseases at the George Washington University, Department of Medieine. The subject of his paper was "Psychocine. The subejet of his paper was "Psycho-analytic Parallels." He showed by many illustrations how the mind of the mentally weak works similarly to the minds of savages and of children. Through all the ages the mentally unbalanced have been attempting to tell us their troubles, but we could not understand their language. By means of psychoanalysis we have made the first beginning toward helping these people instead of merely isolating them; and how we may hope to put, at least, some of them in a proper environment and to make useful citizens out of them.

The paper was ably discussed by the guests of the evening, Dr. Smith Ely Jelliffe and Dr. John E. Wilson, of New York, and by Dr. Hanan and Dr. Wallace. A light repast and social half-hour followed the scientific session.

The paper will be published shortly in the Psychological Review.

At a special meeting of the society, to be held on the afternoon of December 11th, the speaker will be Dr. Richard C. Cabot, of Boston, assistant professor of clinical medicine at the Harvard University Medical School. His subject will be "Essentials and Non-Essentials of Physical Diagnosis."

At the next regular meeting of the society,

on the evening of December 28th, Dr. James J. Walsh, of New York, will speak of "Cured Cases and Their Significance in the History of Medicine."

Morristown Medical Club. E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club was entertained on the evening of December 2nd, 1914, by Dr. Clifford Mills, mayor-elect of Morristown,

at his residence on Deilart street.

Dr. James Douglas occupied the chair. The members were nearly all present and among the guests were: Drs. J. Meigh and F. C. Sutphen, of Bernardsville; Dr. F. C. Jones, Basking Ridge; Dr. Wm F. Costello, of Dover; Dr. Wm. A. McMurtrie, of Mendham; Drs. J. R. Bramley and Henry M. O'Reiliy, of Summit, and Dr. M. C. Smalley, of Giadstone.

The paper of the evening read by Dr. Mills was "Cesarcan Section with Report of Cases." The doctor first gave a brief outline of the history of Cesarcan Section and quoted from several articles written on this subject. This was followed by reports of eighteen cases he had performed. These fcil into two distinct classes: First, those that were associated with eclamptic or toxic conditions, secondly, those where labor was delayed, difficult or impossible because of deformed pelves or neopiasms.

Cesarean Section in eelampsia as a means of treatment was not indicated in every case. It was most highly recommended in primipara where the symptoms were marked and before much manipulation had been performed. This gave better chances for both mother and child but was not always successful. The most serious complications were convulsions after delivery with no diminution in the amount of albumin excreted.

In some of the doctor's patients, the symptoms requiring relief were seen iong before term and consisted principally of high percentage of albumin 30-60%, high blood pressure 180-210, headache, loss of vision, twitching and ocdema. Frequently all these symptoms disappeared a few hours after the emptying of the uterus.

The discussion was joined in by the guests. The members participating were Drs. Glazebrook, Seward, Henriques, Owen, Flagge, Mial. Vaughan, Douglas, Lathrope and Lewis. The eonsensus of opinion was that it appeared as if in Cesarean Section we had a valuable method of treatment but that the indications as yet were not definite and too much must not be expected from it; that routine examinations of the urine and blood pressure were necessary so that treatment might be instituted early.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, November 27th, 1914, at 8.30 P. M. Dr. M. C. Smalley entertaining and Dr. Josiah Meigh in the chair.

The following members were present: Drs. Campbell, English, Gorton, Hamiil, Jaequith, Keeney, Kraus, Lamson, Lawrenee. Meigh, Prout, Smaliey, Wolfe, Bowles, Tweddeil and Jones, and the following guests: Drs. Bramley, O'Reilly and Garhart of Summit, and Drs.

Vaughan, Mills, Dougias and Lewis, of Morristown.

The minutes of the previous meeting were read and approved.

The election of new members and the action on proposed amendment was postponed until the next meeting.

The paper of the evening was read by Dr. Edward J. Ili, of Newark, on "Fibroids in Pregnaney." He said that while fibroids are exceedingly eommon, they are frequently unrecognized. Of all women, over 35 years, from four to eight per cent. have fibroids, some authors giving as high as fourteen to twenty per cent. But as a complication of pregnancy they are very rare. Out of 500 cases, operated on by him for fibroids, only five occurred eomplicating pregnancy, or one per eent. They are not a cause of placents previa. They sometimes become gradually absorbed. Septic changes may take piace. Dystocia is the most iegitimate eause for operation, and Caeserian section is the best operation generally. The presence of a tumor alone does not cail for an operation. The life of the child should have our first eonsideration.

The discussion, which was taken up by Drs. Dougias, Mills, Bowles, Campbeil, Meigh and Lawrence, developed the fact that as a complication of pregnancy, fibroids are very rare. Sometimes the tumor had been mistaken for another foctus. The subject of fibroids in general naturally followed. Dr. Ill said that they rarely become malignant, never cancerous. It is a mistake to remove them except for some definite cause, such as disability, pain, rapid

growth or hemorrhage.

Some interesting cases of pregnancy, in spite of double pus tubes, vesico-vaginal fistula and other obstructions, were then reported by Dr. Iil and others.

The meeting then adjourned and supper was served.

New Jersey Sanitary Association.

The fortieth annual meeting was held in the Laurcl-in-the-Pines, Lakewood, December 11 and 12. In the absence of the president, J. B. Betts, Assistant Commissioner of Education, because of illness, Viee-President Potts occupied the ehair. The meeting was largely attended and the papers and discussions were excellent. Clyde Potts, C. E., Morristown, was elected president; Dr. G. E. McLaughlin, Jersey City, viee-president; Edward Guion, M. D., Atiantie City, sceretary; G. E. Oicott, C. E., Orange, treasurer.

(Fuller notice on the meeting will appear in next month's Journal).

Alumni Association College Physicians and Surgeons.

The Cartwright Prize established by this association of New York City, will be awarded at the commencement, 1915, for the best essay on a medical, surgical or some kindred subject, provided any of those offered in competition is deemed of sufficient merit. The prize is open to universal competition. The successful competitor must deposit a printed copy of his essay with the manager of the association before securing the money. Essays must be sent to Dr. H. E. Hale, 770 West End avenue, New York City, on or before April 1, 1915.

THE JOURNAL

Medical Society of New Jersey

JANUARY, 1915.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor, New Brunswick, N. J.

Bach member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the

fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

PUBLICATION COMMITTEE:

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The Editor sends most hearty greetings to every reader of the Journal, wishing each and all an exceptionally

Happy New Pear

in heart, home and professional life and also in the civic, social and religious spheres of life's activities.

He also extends sincere congratulations to the members of our profession who have brought honor upon themselves, their profession and their communities by their honest business-like discharge of duty in civic positions, exhibiting true citizenship and manly independence in opposing graft, political partisanship and improper and extravagant expenditures. More power and success in 1915 to such of our members as mayors Victor Mravlag, of Elizabeth; Bert Daly, of Bayonne; Clifford Mills, of Morristown; (Mayor Andrew F. McBride, of Paterson was another in former years), and others in official positions. We take the following from the California Medical Journal.

Mayor Must Be Physician.

Under the new charter amendments which were voted on favorably at Santa Monica, California, December 2, the city has adopted the commission form of government and the provision is made that the mayor shall serve as health officer. Under the old charter it is provided that the health officer shall be a graduate of a reputable medical college and that he shall practice medicine for at least five years. first municipal election, under the new form, will be held in December, 1915.

The doctor-mayor certainly ought to make a good officer in all health matters physical, social, civic and religious.

THE CHRISTMAS SPIRIT IN MEDICINE.

We heartily endorse the following editorial from the Wisconsin Medical Journal of December, 1913, under the above caption:

It was at this season, twenty-five years ago, that Robert Louis Stevenson published his essay called, "A Christmas Sermon," in which, in his gentle way, he pointed out the dignity and greatness of some of the simple, hum-drum virtues and duties of life, and the difficulty of attaining even a moderate degree of success in their practice. We are apt, he says, to ask for "higher tasks, because we do not recognize the height of Trying to be kind and those we have. honest seems an affair too simple and too inconsequential for gentlemen of our heroic mold." And then he soon continues with the familiar lines: "To be honest, to be kind—to earn a little and to spend a little less, to make on the whole a family happier for his presence, to renounce when that shall be necessary and not be embittered, to keep a few friends but these without capitulation-above all, on the same grim condition, to keep friends with himself-here is a task for all that a man has of fortitude and delicacy. He has an ambitious soul who would ask more; he has a hopeful spirit who should look in such an enterprise to be successful."

No one has a better opportunity than the physician to put these priniciples into practice-to actually live them. And to the honor of the profession be it said, most of its members are doing these very things every day of their lives, without any effort or self-consciousness.

For the physician, being honest means so much more than simply keeping out of financial difficulties; it means giving honest It means earnest preparation, faithful study, careful methods, conscientious devotion to the interests of the patient, fair dealing with all.

And being kind is far from being an easy thing; it is not merely patting the old ladies on the shoulder and chucking the babies under the chin. It means striving to be truly helpful, to understand the doubts and perplexities and anxieties of our patients and their friends. It means a willingness to forget ourselves and think only of the welfare of the patient when other advice

is needed, or special care is required which we are not qualified to give. It means cheering and strengthening the weak-hearted, and "helping the lame dogs over the stiles."

In the same essay to which we have referred Stevenson says: "There is an idea abroad among moral people that they should make their neighbors good. One person I have to make good; myself. But my duty to my neighbor is much more nearly expressed by saying that I have to make him happy—if I may.

The great privilege of the medical profession is that the physician has so many "neighbors," using the word in its best and broadest sense, that to him is given the opportunity of making happy-if he maymore of his fellow beings than fall to the lot of almost any other class of men.

HAVE YOU PAID YOUR STATE AND COUNTY MEDICAL SOCIETY'S DUES FOR 1915? IF NOT, PLEASE DO SO AT ONCE, IN ORDER TO AVOID BE-ING REPORTED TO THE STATE SO-CIETY AND THE A. M. A. AS DE-LINQUENT, AND HAVING YOUR NAME DROPPED FROM THE OFFICIAL LIST, SOON TO BE PUBLISHED.

MEDICAL DEFENSE AND THE JOUR-NAL SUBSCRIPTION CEASES IF AN-NUAL DUES ARE NOT PAID

MEDICAL DEFENSE IN MALPRACTICE SUITS WILL NOT BE UNDER-TAKEN BY THE STATESOCIETY IF THE DUES WERE NOT PAID WHEN THE SUIT FOR MALPRACTICE BEGAN.

VOLUME XII OF OUR JOURNAL.

As we begin a new volume of our Journal we assure our readers that it will be our earnest endeavor to make it better and more helpful to them than ever before. In order to do so we shall rely on the few faithful men who have greatly helped us in the past and on the greater number of those whom we are confidently expecting to aid us during the new year-1915,-and our confidence is based on the increasing interest in our county and local medical societies. We especially thank the reporters and secretaries of several of those societies for their valuable contributions to the Journal, which have been better and fuller during the past year than ever before.

The record of the profession's work in our State, as set forth in their reports and the reports of cases in our columns of "clinical reports," we believe are two of the most important departments of our Journal and we express our belief that their publication has a decided tendency to increase the attendance upon and the interest of the members in the scientific work of these societies. We remind those who fail to report society meetings that such failure is generally regarded as an indication of little interest in and little scientific work done by their societies.

One of the most hopeful signs, that means much for the advance of the profession and the efficiency and success of its members during the coming year, is the new life that is being manifested in some of our county societies. We hope to refer to that in the

next issue of our Journal.

We refer to the kind words of approval of the Journal we have received and express our thanks for the encouragement thus given; we may be pardoned for the seeming indelicacy of alluding thereto when we assure our readers that we do so, only to apologize for failure to acknowledge the same personally by letter; our only excuses are: The enormous correspondence and other work of the Journal and the demands of private practice and other engagements, which together have required some sacrifice

of sleep and meals.

We also desire to reply to some criticism of the fact that our Journal contains so much matter taken from other medical journals. We would regard that as just criticism and admit that it would seem to contain far too much such matter, were it not for another fact, which should not be overlooked, that a large percentage of our members take no other medical journal and a few, alas! don't take the time to carefully read our own. We call the attention of the latter class to the editorial on "Physicians Who Do Not Read Medical Journals," on page 41. While we freely admit that our work is open to some criticism, we take some comfort from the fact that a large portion of those who take several journals and are able and busy practitioners, are among the careful readers of our State Society's Tournal.

We also invite attention to and careful consideration of the editorial that follows this one, as we believe it wisely sets forth the permanent value of the medical journal which is the organ of a scientific medical society and "which subserves the useful purpose of preserving the transactions of medical societies."

If all that our Journal did was to publish and preserve the transactions of our State, county and local medical societies it would be worth far more than it costs.

THE MEDICAL PERIODICAL AND THE SCIENTIFIC SOCIETY.

The New Orleans Medical and Surgical Journal, in its December issue contains a very interesting paper read by Dr. F. H. Garrison, of Washington, D. C., at the annual meeting of the American Medical Editors' Association, under the above caption. After referring to the ancient newspaper, as the Peking Daily Gazette, now over a thousand years old and still current; and the first European newspaper in the modern sense at Antwerp in 1605, and others following, he refers to the first medical periodical—the Nouvelles Deconvertes. Paris. 1679. He then speaks of the medical periodicals of the eighteenth century as being eighty in number—55 German, three French, four English and one American, and that the first published account of pellagra, by Thiery, 1755, and the first operated case of appendicitis, by Mestiver, 1759, were published in the Parisian Journal de Medicine.

Dr. Garrison then refers to the new feature introduced by Thomas Wakeley, founder of the London Lancet, in 1825—in the direct employment of medical journalism in the organization and direction of public opinion, and to the fact that from that time the periodical literature of medicine flowed forth in three ever-broadening channels: The periodicals devoted exclusively to original work in scientific medicine including the specialties, and the periodicals of a medico-social character, devoted in part to editorial expression of opinion and current medical information, including historical and humorous gossip.

From the fact that the experience of large libraries show that the files of scientific periodicals are in constant request, as for example, in the Surgeon-General's Library the most dilapidated volumes are those in the early files of such periodicals as Virchow's Archiv, Hay's Journal, the Lancet,, the Johns Hospkins Hospital Bulletin, etc., Dr. Garrison argues that "the best way to make a medical journal of permanent value, the best insurance for future perusal, is to make it the organ of some scientific medical society of good repute; * * * that" it will secure to the journal a definite number of permanent subscribers (the members of the society in question) and thus relieve it of some of the ethical and financial difficulties encountered in relying upon advertisements for commissariat."

The doctor closes his excellent paper with

these words: "A rich medical journal should not aim at monopolizing all things medical, and there is ample room for the smaller periodical of solid merit, particularly the periodical herein specified, which subserves the useful purpose of preserving the transactions of medical societies."

We send out with this isssue of the Journal the revised Constitution and By-Laws of our State Society as a supplement. It is put in convenient form to carry in the pocket, when likely to be needed. Please preserve it carefully. If any member fails to receive a copy, or any physician who joins the Society hereafter desires a copy, he can obtain one from the secretary—Dr. T. N. Gray, 20 Halsted street, East Orange.

The Index of Volume XI.—year 1914—will be issued with the February Journal as a supplement. Unusual pressure of work has made earlier insertion impossible.

We regret that the non-receipt, in time, of two papers read at our last annual meeting and the report of Dr. Coit, on the Medical Milk Commission Problem Relative to Bovine Tuberculosis, compels us to defer their insertion until next month, when we will also give Dr. F. D. Grav's address to the county societies, and the February Journal will give special consideration to the organization and work of county societies.

William Pierson Medical Library Association.

The following are the remaining lectures of the course before the William Pierson Library Association for the year 1914-1915:

January 19—Dr. Joseph E. Fraenkel, of Cornell University, New York City, on "Or-

gano-Therapy."

February 16—Dr. George E. de Schweinitz, professor of ophthalmology, University of Pennsylvania, on "Certain Phases in the Development of Ophthalmic Science from the Historical Standpoint.

March 16—Dr. John G. Clark, professor of gynccology, University of Pennsylvania, on "The Coincidence of Gynccologic Lesions With Other Diseases of the Abdominal Organs.

American Public Health Association.

At the annual meeting of this association, held at Jacksonville, Fla., Nov. 30-Dec. 4, the following officers were elected: President, Prof. William T. Sedgwick, of the Massachusetts Institute of Technology; first vice-president, Dr. C. J. Hastings, health officer of Toronto, Canada; second vice-president, Dr. Juan Guiteras, Havana, Cuba; third vice-president, Dr. C. E. Terry, health officer, Jacksonville, secretary, Dr. Lee K. Frankel, New York; new members of executive committee, Dr. J. F. Anderson, of the United States Public Health Service; Dr. J. H. Landis, health officer of Cin-

cinnati and Alfredo Dominguez, port officer of Havana.

Lebanon Hospital Surgical Clinics.

Drs. Parker Syms, attending surgeon and M. R. Bookman, adjunct surgeon, will hold surgical clinics in Lebanon Hospital, New York City on Wednesdays at 3 o'clock, till March 1st, 1915.

"CAN ANY GOOD COME OUT OF JERSEY?"

We take the following extracts from an editorials in the Journal of the Camden County Medical Journal, which we read with deepest regret, feeling that it did great injustice to those who had worked hard to make—and succeed in making—the annual meeting of our State Society attractive and nelpful:

This tendency (to import "foreign talent") has largely grown within the past comparatively few years and has found its greatest power of expression in those who have dominated the committees that prepare the programs for the meetings of the Medical Society of New Jersey; for the tendency has been, under the guidance of a less number of individuals than the fingers of one hand would be required to count, to give prominence and preference to essayists or speakers from States other than New Jersey, placing the authors of papers from among the membership of the society either in inferior positions, or, if favorably placed on the program, compelling the paper to be read by title or promising the author that he is to have first place at the next session-when there will not be many present to hear it. As a result of this fostering of the idea that to have a "good" meeting of the State Society there must be a large percentage of outside talent on the programand it has occurred that one-third of the events have been of this class-it has come to pass that many of the members are learning to think only in terms of foreign talent; and even the journal of the society, when the editor is cavalierly-or discourteously-kept waiting for a copy of an address, or proofs, will apologize and reapologize for the shortcomings of one who has received a distinguished honor, and who would be expected to feign appreciation even though he did not experience it.

But, so long as the members of the State Society are satisfied with this situation, they will probably rejoice that members of one of their important committees have the sagacity to follow the leadership of recent years, and seek outside the State for some one to make a "good" health officer; just as "good" meetings are supposed to be made by the same means. There cannot possibly be any objection to any medical society occasionally inviting a distinguished physician or surgeon, or one eminent in other walks of life, to address a meeting; it is proper to do so, for the profession of this State cannot, and does not, possess a monopoly of knowledge. But, it is doubtful if any society is strengthened where its membership is so greatly restricted in activity as has been the case of the Medical Society of New Jersey in recent years by reason of the large number of papers and addresses assigned to those who arc non-members, coupled with the pernicious rule of the Committee on Scientific Work, forbidding a member to read more than one paper before the society in five years. Instead of striving to encourage the talent of the membership it would seem it is the policy of our "leaders" to suppress it.

We have received the following replies to the statements contained in the above editor-

ial.—Editor.

Replies to the Above Criticisms.

Arlington, N. J., Dec. 4, 1914. Dear Dr. English:

Thank you for calling my attention to the editorial in the little journal of the Camden County Society, entitled "Can any good come out of Jersey?" As this emanates from the pen of one of the ex-presidents of the State Society, it must be answered; otherwise I should have allowed you to pass it by unnoticed, in that the writer was ignorant of what he wrote, or he wilfully distorted the truth for a sensational editorial.

Therefore, as last year's chairman of the Committee on Scientific Work,—"The less number of individuals than the fingers of one hand"-I must answer the untruthful statement of one of our ex-presidents and say that for the past few years at least, it has not been the policy of the committee "to give prominence and preference to essayists and speakers from States other than New Jersey, placing the authors of papers from among the membership of the Society in inferior positions, or if favorably placed on the program, compelling the paper to be read by title, or promising the author that he is to have first place at the next session when there will not be many present to hear it."

It is only necessary to stamp the first part of this statement as an inexcusable misstatement, by referring to the last program where there were only three foreigners' names, those of Mr. Jenkins, who was on the program as the guest of the State Pediatric Society which held joint session with us, and the two orators. It may be that the writer has aspirations, thus far unrealized, to be one of these latter two, so that the honor that may thus come to his county may be fittingly rehearsed at the county society meeting and be played to a full house at the State Society meeting, like the presentation of a gavel for which the then-president cut out two local men from a discussion of Dr. Martland's paper, evidently he thought as an incentive to get "good" meetings thereafter.

As for the second part of the editorial he shows ignorance of the methods followed and misstates the facts again. No papers were read by title except in the absence of the author, and as far as my work was concerned I can assure the gentleman that in the order the authors were heard from, they were impartially placed on the program, as my letter files will show by their dates and stamping of receipts.

Now, as to the last statement, a few words will settle that. There is no such rule that prevents a man from reading a paper more than once in five years. The period of two years has been set in order to stimulate others than the usual workers who would quickly preempt the field otherwise. This, I assure you would make the work of the committee

much easier, for it is a strenuous bit of work to get papers from the "talent" that the writer of the editorial thinks so abundantly exists in the State of New Jersey. Thanking you for the opportunity to set this matter right, I remain,

Most cordially yours, AUGUST A. STRASSER.

To the Editor of the Journal:

It is to be regretted that some physicians essaying the part of editors are not as accurate in logic and truth-telling as they are reputed to be in medicine. Furthermore, some of these physician-editors should have their proofs read by others to ensure the elimination of absurd self contradictions.

In a recent county journal the editor indulges himself in a leader entitled "Can Any Good Come Out of New Jersey?" and, missing the truth entirely, asserts that there has been a "fostering of the idea that to have a 'good' meeting of the State Medical Society there must be a large percentage of outside talent on the programme." Ordinary courtesy forbids the everyday characterization of such a gross and careless, if not deliberate, misrepresentation of the facts, to say nothing of the attack on the judgment of the committee making up the programmes for State Society gatherings. To call two foreign speakers out of a total of eight or ten "a large percentage" merely brands the editor as lacking the sense of truthfulness that his fellows have the right to expect from him, especially when they pay the bills for the printing of his screeds.

Nor is this all of the exhibition of editorial wordiness, for the editor, winding his way over more than a column, immediately punctures his

objection to outside talent by saying:

"There cannot possibly be any objection to any medical society occasionally inviting a distinguished physician or surgeon, or one eminent in other walks of life, to address a meeting; it is proper to do so, for the profession of the State cannot, and does not, posses a monopoly of knowledge."

Had the editor written the foregoing paragraph only he would have covered the entire subject and saved space, but, no, he must wander on to the following climax of contradiction

and misstatement:

"But, it is doubtful if any society is strengthened where its membership is so greatly restricted in activity as has been the case of the Medical Society of New Jersey in recent years by reason of the large number of papers and addresses assigned to those who are non-members."

The editor admits that the "profession of this State cannot, and does not, possess a monopoly of knowledge." He might have added that the State has no medical colleges or great laboratories, and thus more than justified the State Society committee in its presentation of the small percentage of foreign talent.

One feels tempted to apologize for taking so much space in pointing out such a mass of contradictory statement, but the element of untruthfulness and injustice in the article seems

to justify us in doing so.

It is to be regretted that this State Society, a century and a half old—the oldest in the country, should find one it has honored urging

a narrow and unprogressive policy for its meetings.

ALEXANDER McALISTER, M. D.,
Member of Scientific Committee.
Camden, N. J., December 18th, 1914.

Physicians Who Do Not Read Medical Journals From Critic and Guide, September, 1914.

The medical journal is to the physician what the newspaper is to the layman. It keeps him in touch with the latest events and discoveries in medicine. Some men never read the newspapers and are proud of it. They speak of it boastingly. I know of an old man who has never read the papers since 1860. What is the use, he says. About the Civil War and the Spanish-American War he knew from his neighbors: the other events did not amount to much anyway. And so there are physicians who never subscribe for and seldom read, and that only when they get a free sample copy, any medical journals. And they speak of it with a certain amount of pride. What the result of the non-reading of medical journals is may well be imagined. I am not joking in the very least when I tell you that I met a physician eighteen months after the introduction of salvarsan who did not know of the existence of the remedy, let alone its doses and methods of administration. I met another physician quite recently who did not know that the causative agent of syphilis had been discovered, and when I mentioned the spirochaeta pallida he asked, "What is that?" And you will find any number of physicians to whom the most important developments in medicine, say vaccinotherapy and psychanalysis, are utterly unknown quantities. I met a physician to whom the very name of Freud was unknown, and if you should want to excuse him on the ground that Freud is a foreigner I will tell you that he was equally ignorant not only of the work but even of the names of such American workers as Flexner, Meltzer, Carrel and Crile.

That's what comes from non-reading of medical journals. And no wonder. Medicine is not an exact, complete and finished science. It is still in the process of formation, development, transition, and every day brings something new, some improvement on the old, or at least shows the irrationality of the old. And the education of a physician is not finished when he leaves medical college. It is only commencing. And the physician who is too lazy or too dull to pursue this important postgraduate study in the school of medical journalism is not doing his best by his patients and hardly deserves the name of physician. The bets in medicine is none too good, and we at least must give our patients the benefits of the latest knowledge, and not treat them by remedies and methods which have been discarded long ago by progressive physicians. Such physicians, who stick to their text-books and formulas of a quarter or a half a century ago, remind me of a druggist I knew, who insisted on making all his preparations according to an old dilapidated ruin of a Pharmacopeia of the date of 1860. No arguments could prevail upon him to buy a new one. In spite cf the fact that the formulas were changed, that the strength of tinctures, infusions, ointments,

etc., were different, he did not care to make any change. He was used to the old methods, and when a clerk would gently intimate that a new Pharmacopeia was in order his only answer should be that the old one was good enough. Only when fined by the Board of Pharmacy for not having the latest Pharmacopcia in his store did he invest in a new one. Perhaps it would be a good thing to pass a law making it obligatory upon physicians to read one or two good journals. And though it is not exactly apropos, would it not be a good idea to have physicians pass a brief practical examination every five or ten years, just to find out if they keep up with the advances in their respective branches? . Physicians would then not boast of their not reading medical journals.

Therapeutic Notes.

The Patient and the Disease.

Sir Dyce Duckworth, in the Lancet, notes that apart from morbid symptoms there is a personal factor in every patient. A disease may be well-borne or ill-borne. Family history and inborn tendencies may be important factors. The degree of recuperative power varies much in different families, likewise the measure of inherent vitality. A tendency to slow repair and a general vulnerability may be readily observed in all persons of a strumous habit of body. In patients of the arthritle type there is a large measure of resisting power with much vitality. The tolerance of certain drugs is found to vary largely in different patients. Apart from pure idiosyncrasies the beneficial effects of mercury in the dark-skinned, bilious, and arthritic subjects, and its less satisfactory action in the fair and strenuous ones have been frequently observed.

Laryngitis-Chronic-Inhalation in.

There are two methods of inhaling: In the first the medicament is atomized to impalpable vapor by means of sterilized air in a cabinet, while in the second the inhalation is through a sterile mouth-piece or nose-piece.

The medicated steam, a mixture of compound tincture of benzoin, 1:20, is inhaled at a temperature of from 140° to 170° F. for about fifteen minutes. This is followed by inhalations of oily substances without the aid of heat, either of the two following being used:—

R Camphorae, 3j.
Olei picis liq., f3ij.
Iodi, gr. xx.
Creosoti, f3j.
Mentholis, gr. xxx.
Olei Sesami, f3iv.

Or a 5 per cent. solution of the following:-

R Iodi, 3vj.
Acidi, oleici, 3ij.

Paraffini liq. fživ. Olei sesami, q. s. ad Oj.

The patient remains indoors from fifteen to thirty minutes after each treatment. The use of tobacco is prohibited.—E. Mayer, in Merck's Archives.

Lumbago.

Potassi iodidi,
Potassi carbonatis, aa 3j.
Tinct. aconiti, f3jj.
Aquae, f3x.

M. Sig.: Poison. Apply locally every three hours.—Erichsen, in Med. Fortnightly.

Nephritic Colic.

R Potassium bromide, 6 Gm. Cherry laurel water, 5 c.c. Syrup of ether, 30 c.c. Morphin hydrochloride, 0.05 Gm.

Valerian water, 120 c.c.

M. Sig.: A dessertspoonful every half hour until the pain is eased, but not to exceed five doses.—Robin, Monde Med.

Rheumatic Joints.

 R Acidi salicylici, 10, solve in Olei terebinthinae, 10.
 Sulphuris praecipitati, Terebinthinae, aa 40.

Misce.

The ointment is spread over the affected area and covered with an occlusive dressing. If the skin is very sensitive, the latter may be replaced by an ordinary bandage or the ointment dusted over with flour or talcum. After three to five days the application may be renewed.—Med. Scntinel.

Tousils-Hypertrophy of.

R Iodi pur., gr. j.
Potassi iodidi, gr. ij.
Tinct. opii, mxx.
Gycerini, f\(\frac{7}{3} \text{iv}. \)

M. Sig.: Paint the tonsils morning and evening, and use as a gargle a teaspoonful to a glass of warm water.—Moure, in Med. Fortnightly.

Tuberculosis of the Bladder.

Dr. C. Bruni, in the Riforma Medica, notes that Casper regards instillations or corrosive sublimate in a strength of 1 to 10,000 gradually increased to 1 to 2,000 as the best local remedy in this condition. The painful reaction following these instillations frequently demands the use of opiates. The author has had little success with the above method of treatment and prefers the use of gomenol, which is particularly advantageous because of its analgesic power. It is used in a 10 per cent. strength mixed with a bland oil and may be instilled daily. Another good remedy is guaiacol, which is a powerful analgesic and is instilled, as in the following formula:

Guaiacol, 5 grams, Guaiacol, 5 grams, Sterile olive oil, 100 grams.

It should be borne in mind that nitrate of silver, which is the best topical application in other forms of cystitis, is injurious in the tuberculous variety.

Subaeute Gonorrhaeal Infection.

Dr. Henry D. Beyea, in a paper in the Penn. Med. Journal on "The Preservative of the Physological Functions in the Treatment of Gynecological Cases," says: My decision to practice conservative surgery, leave the uterus

behind in gonorrheal infections, was made nine years ago after the following experience The patient was an unmarried girl, twenty years of age, and suffered with a subacute gonorrheal infection of the cervix, endometrium and both tubes. She demanded that none of these organs be removed. The tubes and ovaries were separated and clevated, and the tube ostii sutured open. A small amount of pus exuded from each tube during opera-tion. Pure carbolic acid was applied to the cervical endometrium. I have twice, at long intervals, made a pelvic examination in this case and in neither instance was I able to detect disease. She has remained perfectly well and has since married. Other such cases have been treated in a like manner with the same result.

Atropine Methyl Bromide in Pediatries-Dr. Breitman discusses the advantages over atropine sulphate of the above compound, a crystalline substance soluble in water or diluted alcohol, and having a bromine content of 20.8 per cent. The chief advantage is the slighter toxicity, which permits of the administration of larger doses. The chief indications for the use of this compound are the exudative diathesis and the moist eczema of infants. in the latter condition the daily dose is 0,001 gram. This dose may be increased, some German pediatricians giving as much as 0.005 gram per day. Among the complications of the exudative diathesis atropine methyl bromide is particularly serviceable in chronie bronchitis, in bronchopneumonia, and in the digestive disturbances. It is also useful in the treatment of convulsions and of the nervous manifestations of rachitie origin, particularly laryn-The antispasmodic property of gospasm. atropine methyl bromide is more pronounced than that of atropinc sulphate in the treatment of ileus, muco-membranous enteritis, and sigmoiditis resulting from coprostasis. enuresis nocturna the author administers a mixture such as the following:

Atropine methyl bromide, 0.003 gram, Aromatic tincture of rhubarb, 10 grams. M.S.—10 drops three times a day.

In the last-mentioned condition the action of atropine methyl bromide is more effective than that of atropine sulphate. Similarly good results are obtain in angioneurotic edema.

—Pediatrija.

Potassium and Sodium Iodides and Iodine, Action of, on the Heart and Blood-vessels .-Dr. D. I. Macht, in the Bulletin of the Johns Hopkins Hospital, reports a study of the activity of these drugs based upon perfusion of the blood-vessels and heart of cold-and-warmblooded animals, observation of the behavior of exeited arterial rings and strips, and bloodpressure experiments. The iodine ion proved to be a powerful stimulant to both heart and vessels in experiments on isolated organs. Their stimulating effect is greatly inhibited in the intact animal, however, by their chemical combination with the proteids of the blood. Whether the resulting compound is a stable one, or whether it is loose, slowly setting iodine free, remains an open question; if iodine is set free a stimulating effect is to be expected.

Sodium iodide possesses no depressing property, for the sodium ion is a vasoconstrictor and cardiac stimulant, and the iodine ion, in so far as it is free to act, has the same action. Potassium iodide, on the other hand, clearly shows the depressing effect of the potassium ion on the heart and vessels, especially of mammals, both on isolated organs and in the living animals. It is therefore not immaterial which of the iodides is chosen for the purpose of depressing the circulation, e.g., in a ease of aneurism. So far as experimental evidence goes, the iodides possess no special virtue of lowering blood-pressure; the effect is really due entirely to the potassium, and could be produced even more efficiently with other potassium salts.

Prophylaxis of Tetanus.

The following procedure is advised: Remove every particle of foreign matter from the wound and treat every part with iodin or cauterize it with a 25 per cent. Phenol solution and apply a wet pack saturated with boric acid solution or alcohol. Inject as soon as possible, intravenously or subcutaneously, 1,500 units of antitetanic serum and repeat the injections if indications of possible tetanus arise. In no case close the wound, but allow it to heal by granulation. (Jour. A. M. A., June 20, 1914, pp. 1964 and 1971).

Hospitals, Sanatoria, Etc.

By the will of the late Agnes Nash of Camden, the sum of \$500 is bequeathed to Cooper Hospital, Camden.

Camden County Hospital.

Dr. Paul Litchfield, chairman of the special committee in charge of the Camden County Hospital, at Blackwood, asked the Board of Freeholders for an appropriation of \$25,000 to be used in moderning and enlarging the buildings erected in 1876.

Erection of Hospital Booms Real Estate.

The Bridgeton Evening News says: That the completion of the Millville Hospital will be a big boom to that section of the city becomes more convincing with each day's progress.

Muhlenberg Hospital, Plainfield.

This hospital recently received from the pupils of the Harbridge School of that city, \$500 to be used for the equipment of a new children's ward.

Dover General Hospital.

Some time in April, probably the first day of that month, the new Dover General Hospital will open its doors for the reception of patients as the only general hospital along the line of the Lackawanna between Morristown and Easton, Pa.

Already the medical staff of the hospital has been selected. Dr. J. Willard Farrow is president and Dr. Guy Otis Brewster, secretary of the staff; the other members being Dr. Fred W. Flagge and Dr. George H. Foster, both of Rockaway; Dr. William S. James, of German Valley; Dr. Charles D. Gordon, of Mt. Arlington, and Dr. N. H. Adsit, of Succasunna.

Open Infirmary at Bonnie Burn.

The new infirmary at Bonnie Burn, the Union County Tuberculosis Hospital was opened recently for inspection by the Board of Freeholders.

The new structure cost \$83,000 and has doubled the capacity of the institution, accommodating eighty-eight patients in its four wards and twelve isolation rooms. In addition it has accommodations for sixteen helpers, a diet kitchen and all the latest equipment.

Hospital for "Twilight Sleep" Treatment.

The first hospital in the world to be devoted exclusively to the "twilight sleep" treatment of maternity cases is to be built in New York City. The hospital will be known as the Twilight Sanatorium, and will differ materially from other hospitals. A large number of patients will undergo treatment at the same time. and the room for the purpose will be arranged so as to be absolutely free from noise and strong glare of light. The hosiptal will be only three stories high and will be fitted with the latest surgical and medical equipment and appliances. The Twilight Sanatorium will be backed by a number of physicians who have followed the tests of the treatment at the Jewish Maternity, Bellevue, and Long Island College Hospitals.

Newark City Hospital Training School.

Graduation exercises of the City Hospital training school for nurses took place December 16. Twenty-six were given diplomas by Dr. H. C. H. Herold, president of the Board of Health. Rev. Irving C. Starr, pastor of Trinity Methodist Episcopal Church, opened the exercises with prayer. Dr. James T. Wrightson addressed the graduating class on behalf of Dr. Herold, who was too ill to give a lengthy talk. Dr. Wrightson declared that the diplomas represented three years "of noble adherence to duty, of industry in studies and of patient care of the afflicted." He exhorted the nurses to be true always to the highest ideals of their profession and never to "become contaminated with the spirit of commercialism."

Dr. Swiney's "Sanitarium," at Bayonne.

Dr. M. A. Swiney has recently issued the "First Year Book" of this institution. It shows that during the first twelve months there were 196 patients received, classified as follows:

Surgical cases, 106; medical, 35; obstetrical, 25; babies obstetrical, 25; fractures, 5.

It gives several case histories, among them being: Septic cerebro-spinal meningitis, carcinoma of gall-bladder and liver, acute alcoholism with hematemesis, rhabdomyoma of the nasal septum, hydronephrosis, peri-gastric membrane, acute suppurative salpingitis with peritonitis, umbilical hernia incarcerated, five

months pregnant, double surgical kidney, cerebral embolus.

During the year there were five deaths.

The Bremerman Sanatorium.

This company is erecting at Potash Sulphur Springs, Lawrence, Ark., a sanatorium which will be devoted exclusively to Urological Surgery. It will be of fire-proof construction, with capacity of 100 beds. Dr. L. W. Bremerman, of Chicago, will be surgeon-in-chicf. Dr. John B. Murphy is a member of the consulting staff. It will be completed soon.

Americans in Petrograd Maintaining a Hospital.

A fully equipped hospital, with twenty beds for the exclusive use of Russian wounded has been established in Petrograd by members of the American colony in this capital. No contributions have been solicited or accepted from others than Americans. One prominent member of the little colony, consisting normally of some sixty persons, donated the quarters—a converted automobile garage—and provided the beds, linen and pajamas for patients, and numerous other necessaries.

The others, almost to a man, have bound themselves to pay sums aggregating \$1,500 monthly, for the running expenses of the institution. The name adopted was the City Hospital of the American Colony.

Hospitals Criticised.

Dr. Ira S. Wile, Editor, in Amer. Jour. Surg. C. H. Mayo, in the Modern Hospital, October, 1914, criticises directly or by implication many factors in hospital organization. It is unnecessary to discuss in detail the numerous points brought out by Dr. Mayo, but certain phases at least merit passing consideration.

Because of the peculiar conditions existing at Rochester, Minnesota, and because of the rush of patients which overcrowds the hospital proper, surgical patients are seldom retained in the hospital for longer than one or two weeks. As soon as possible the surgical patients leave the hospital and are transported to a hotel or private home, where they receive their further treatment.

Upon this local experience Dr. Mayo criti-

cises as enefficient the maintainance of patients in hospitals for the period of time necessary for convalescence. He states that "To keep a patient in the hospital longer than is necessary is an unwarrented expense to him or an unjustified tax on those who contribute to hospital expense, besides keeping some other needy patient from being cared for." As far as the expenses to the pateint is concerned, it must not be forgotten that the patient under the Rochester plan continues to have an expense as a result of transportation to another institution. On the other hand, the facilities for surgical care in private homes are by no means equal to those afforded in the hospital.

In general, the criticism has been leveled against hospitals that they fail to send out thier patients in a condition enabling them to resume their activities. It is true that convalescence is often protracted and there is a pronounced

need for the establishment of convalescent homes. The cost of such institutions, however, would in no wise decrease the expenditure of the patient now retained in the beds of private hospitals. It is desirable, until such retreats for convalescent patients can be established in sufficient number, that patients be retained in the hospitals until their condition warrants removal to their homes. In the case of the poor whose homes are not the best places for the promotion of good health, it would be far better hospital efficiency, viewed from the standpoint of end-results, to retain the patient until his restoration to health is practically established.

All cities do not have the perfect systematic organization that exists in the city of Mayos, and consequently hospitals are unable to empty their beds with the rapidity and facility which exists in the well-developed surgical center. It is unfair, however, to criticise this particular type of hospital activity as inefficient, merely because the beds are not released as quickly as is possible at the St. Mary's Hospital, where almost all the patients pay for their care and treatment.

One point of implied criticism deserves especial consideration. It is suggested that many surgical procedures, particularly upon the female sex organs, should be discarded, but are being performed owing to a lack of knowledge of their after-results. Obviously, with proper investigation of hospital surgery there should be some indication of the actual surgical result, not merely at the time of discharge from the hospital, but after the lapse of a sufficient period of time to test its value.

The doctrine of efficiency has not been established for a sufficiently long period of time to have provided the type of record that is essential for determining the success or failure of operative procedures. Until such figures are available, it is necessary for surgeons to utilize their best judgment, based upon known facts in determining the type of operation that shall be performed. It is true, however, that conservatism in surgery is more necessary now than ever. The preservation of a careful technic has robbed ordinary surgical procedures of most of their dangers and surgical mistakes do not necessarily involve loss of life, though they may impair function. The impairment of function, however demands every thought on the part of the operator, because it may seriously interfere with the development of a normal life on the part of the patients.

"A hospital should be responsible for correct records of all operations and treatments of patients who enter the institution. This should be made by the superintendent, registrar, or interne, and kept, not for public inspection, out as a record for increasing hospital efficiency. The report showing the mistakes taken in diagnosis and the number of patients who came back for a second operation because the first did not benefit, would be instructive. number who have evidently more than one trouble, the presence of which could so easily have been found by observation at the time of the first operation, becomes a serious matter when we think of the lost time, double risk. and burden of expense thrust unnecessary on such patient or on the community."

This paragraph contains a thought of im-

mense importance in the development and maintenance of hospital efficiency. Hospital abuse should not be tolerated. Undoubtedly, many hospitals at the present time are unknowingly being subjected to procedures which are contrary to the spirit of modern medicine and reflects discreditably upon medicine and surgery. Unfortunately, many hospitals, characterized as public in their scope, are veritably private hospitals assisted from public funds for the benefit of a few physicians and surgeons who have actually come to believe that the institutions exist for their own personal aggrandizement, improvement and commercial betterment.

Surgeons themselves should be the first to criticize their own institutions and to watch with the utmost care the character of the work performed by their colleagues in surgical cases. Wholesome criticisms of a constructive nature leading to the betterment of the surgical fraternity are always desirable. The more quickly hospitals are purged from irritating forces, the better it will be for the hospitals, the patients, and the profession.

Medico-Legal Notes.

Observing Directions of Physicians.

The Supreme Court of Arkansas says that the case of Maryland Casualty Co. vs. Chew (122 S. W. Rl, 642), as it is now entitled, was brought by the latter party to recover indemnity on a policy of accident insurance. One of the defenses was that the plaintiff did not use due diligence to secure the recovery of his injured arm. It has been held in cases of personal injury that no damages should be allowed the injured party for any impairment of health or physical condition occasioned by his neglect to observe the directions of his physician. On the same principle, no indemnity should be allowed to an insured in actions like this on account of an extension of the injury where such extention is occasioned by his neglect to observe such directions. But the failure of the plaintiff to observe reasonable care in following the advice of his physician could not affect the defendant unless it increased the indemnity and the defendant would have no right to complain.

Accident Deemed Cause of Death Notwithstanding Organic Weakness.

The Supreme Court of Nebraska holds that it could be said that the death of the insured in this case was caused by external, bodily injury when, while going up the steps leading into his yard, he accidentally slipped and fell with force and violence, striking his external body near the region of the heart on a large stone with such force as to cause a rupture of the left auricle of his heart, from which he immediately died. The jury was warranted in finding that the accident was the proximate cause of the death, although the condition of the heart and other organs of the body of the assured may have the more readily permitted the rupture, it not having been shown that death would have ensued at the time it did but for the accident. The fact that a person of 50 or 55 years of age would

be likely to have a normal hardening of the arteries in parts of the body, which might tend to bring about a rupture of the heart in case of a violent accident of the kind occurred in the instant case, is not sufficient to show that the accident was not the proximate cause of the death of the assured. If insurance is to be defeated because of the fact that the walls of the heart grow thinner by advancing years, or the arterics become sclerosed, or the valves of the heart act improperly, and this condition is the result of age, then the collection of the insurance money may nearly always be defeated by the effect of increasing years, which change the condition of the assured. The court does not believe this to be the policy of the law.-(Moon vs. Order of United Commercial Travelers of America (Neb.), 146 N. W. R. 1037.)

What is Required of Physicians and Surgeons —Malpractice Liability and Evidence.

(Longfellow et al. vs. Vernon (Ind.), 105 N. E. R. 178)

The Appellate Court of Indiana, Division No. 1, affirms a judgment for \$2,500 damages in favor of the plaintiff Vernon, against Dr. Longfellow and another, partners, who had attended the plaintiff when she, at about the age of 5 years, had slipped and injured her right leg and ankle. It was charged that the defendants had negligently failed to discover a split in the bonc of the leg near the anklejoint, used ordinary gasoline to remove an adhesive bandage or plaster, placed on the badly swollen limb a bandage or plaster-of-Paris cast so tight as to greatly impede the circulation, from which blood-poisoning resulted which extended to all parts of the body, necessitating a removal of part of the bone between the knee and the foot and the scraping of the bone of the right shouder, etc. The court holds that the evidence was sufficient to warrant the jury in returning a verdict against the defendants.

The court says that if the want of that reasonable degree of skill and learning ordinarily possessed by physicians and surgeons practicing in similar localities at the same time, or the negligence of the physician or surgeon in diagnosing the case or treating his patient, is the proximate cause of injury to the patient, the physician or surgeon is liable to answer in damages therefor. In other words, the implied obligation of the physician or surgeon to his patient is that no injurious consequences shall result to him from want of proper learning, skill, care and diligence. Failure to exercise the reasonable care and diligence required by the law may be predicated on things done that should not have been done, or on the negligent failure to do or cause to be done something that should have been done, in the particular instance.

Th question of negligence, or failure to exercise ordinary skill and care in the treatment of any particular case does not depend on the professional skill and learning of the physician, but is to be determined from a consideration of his acts, conduct, omissions and treatment in the particular instance. If he possesses the highest degree of skill and learning in his profession, and failed to exercise the care and diligence required by the law in

treating his patient, his skill and learning could not shield him from the consequences of such negligent treatment. On the other hand, if he did not possess the skill and learning required by the legal standard, but this treatment in the particular instance was proper, he could not be held liable for the want of such skill which resulted in no injury to the patient.

Whether the treatment of any particular injury or case was proper, or whether a surgical operation was skilfully performed, or whether a particular disease resulted from alleged negligent treatment, and like questions of science, must of necessity depend on the testimony of physicians and surgeons learned in such matters. In such cases as this, however, in which the issues presented the question of the defendants' want of professional skill and learning, and likewise that of negligence in failing to exercise ordinary or reasonable care and diligence in diagnosing and treating the plaintiff's injury or disease, all the facts and circumstances of the treatment, the condition and conduct of the patient, the acts and conduct of the physicians, their omissions, if any, and any other fact that may throw light on the questions at issue arc proper matters of evidence to be given by any competent witness, cither to support or to negative the charge of malpractice.

Liability for Substitute-Abandonment of Case.

In an action against a physician for injuries to the plaintiff's wife while confined in childbirth resulting from the defendant's furnishing an incompetent substitute, it was held that a physician is responsible for an injury done to a patient through the want of proper skill and care in his apprentice or agent. Likewise partners in the practice of medicine are all liable for an injury resulting from the negligence, eitner of omission or commission, of any one of the partners within the scope of their partnership business. The theory upon which this holding is based is that partners in the practice of medicine are suretics for the faithful performance of their engagements by each of them.

It is also an established rule that a physician, responding to the call of a patient, thereby becomes engaged, in the absence of a special agreement, to attend to the case so long as it requires attention, unless he gives notice to the contrary or is discharged by the patient. He impliedly contracts that he possesses, and he is required to exercise that degree of knowledge, skill and care which physicians practicing in similar localities ordinarily possess, but he does not impliedly warrant a cure, and can be held as a guarantor of success only in virtue of an express agreement. If he makes provision for the attendance of a competent physician upon his patient, he may leave temporarily, but for the unwarranted abandonment of a case at a critical period resulting in increased pain and suffering on the part of the patient he will be held liable in damages.

In the present case it was held that the question whether the fact that the defendant expected to attend court on that day and had other pressing professional engagements to which he could not give his attention and at

the same time attend the plaintiff's wife furnished a sufficient excuse for his failure to attend in person when called by the plaintiff was one for the jury.—Lee vs. Moore, Texas Court of Civil Appeals, 162 S. W., 437.

Marriage.

ALEXANDER-GIBB. — At Grace Church, New York City, December 10, 1914, Dr. Archibald F. Alexander, to Miss Emma McL. Gibb, both of Paterson, N. J.

Deaths.

CREVELING.—At Washington, N. J., November 5, 1914, Dr. Philip G. Creveling, aged 80 years.

MELCHER-At Mount Holly, N. J., Novemder 30, 1914, Dr. William P. Melcher, aged 65 years. Dr. Melcher was born in Bath, Maine. He received a public and private school education and entered Bowdoin College at the age of eighteen years, graduating from that institution in 1871; he then taught school and studied medicine for two years when he entered the Medical Department of the University of Pennsyvlvania at Philadelphia and graduated therefrom in 1876. He practised a short time in the West, when he settled in practice at Camden and later at Pemberton. In 1882 he took up his residence in Mt. Holly and soon built up an excellent practice which continued until a few weeks before his death which was due to heart disease. Dr. Melcher was a member of the Burlington County Medical Society of New Jersey and a Fellow of the American Medical Association. For some years he served as the reporter of the County Society to the State Society. For some years he was a member of the local Board of Education. He was also a member of the Mt. Holly Lodge of Elks. A widow, two daughters and a son survive him, and his father who is over 90 years is still living in good health at Bath, Maine.

WORRALL.—At Creskill, N. J., recently, Dr. Isaac G. Worrall, aged 86 years. He graduated from the New York University Medical College in 1850. He retired from practice several years ago.

Personal Notes.

Dr. Fred H. Albee, Colonia and New York, delivered the Mutter Lecture on Surgical Pathology for 1914 in the Thompson Hall of the College of Physicians of Philadelphia, December 4, on the "Fundamental Principles Involved in the Use of Bone Grafts in Surgery."

Dr. J. Finley Bell, Englewood, discussed the paper of Dr. A. F. Hess on "Infantile Scurvy," at the meeting of the N. Y. Academy of Medicine, October 8th.

Dr. E. Moore Fisher, Greystone Park, has rented a new house in course of erection at Morris Plains.

Dr. William W. Knowlton, Camden, who was improving in health and went to Rochester,

Minn., with his wife, hoping for fully restored health, we regret to learn, has had a relapse and has been again confined to his bed.

Dr. Henry H. Sherk, Camden, has sufficiently recovered from his four months of severe illness, to partially resume his practice.

Dr. Morris R. Faulkner, Vineland, addressed the Burlington County School Boards Association, December 11, on "Medical Inspection of Schools."

Dr. William C. Fischer, Vailsburg, recently in cranking his automobile, received a fracture of his arm.

Dr. Fred. S. Hammond, Trenton, of the State Hospital staff, who has been suffering from meningitis, is recovering.

Dr. John C. Loper, Bridgeton, in his recent report, as medical inspector, to the Board of Education, recommended an open-air school in Bridgeton.

Dr. Emery Marvel, Atlantic City, has a paper in the December American Journal of Obstetrics on "Plastic Operation for Correction of Cecocolon Stosis."

Dr. G. Herbert Taylor, Maplewood, has resigned as health officer and township physician of South Orange. His resignation was accepted with regret by the Board of Health.

Dr. John W. Wade, Millville, who was ill last month, has recovered.

Dr. Gordon K. Dickinson, Jersey City, attended the annual meeting of the Southern Surgical Association last month.

Dr. Bela S. Illes, New Brunswick, recently returned from a trip to Maine.

Dr. Theodore W. Corwin, Newark, was recently elected junior warden of St. James Episcopal Church, Newark.

Dr. J. Willard Farrow, Dover, has been appointed jury commissioner for Morris County. He recently addressed the Dover Home and School Association.

Dr. Edward J. Ill, Newark, addresed the visiting Nurses' Association at Bernardsville recently.

Dr. Paul H. Markley, Camden, has been appointed superintendent of the Camden County Tuberculosis Hospital, at Ancora.

Dr. Andrew F. McBride, Paterson, former mayor of that city, in 1911 started the movement for the reduction of the high rates for gas and electricity in Paterson and Passaic. The commission that was appointed to consider the matter handed down a decision recently favoring a substantial reduction in the gas rate in the Passaic division.

Dr. Claude E. McNenney, Jersey City, recently passed the civil service examination for the position of medical inspector of the Board of Health of Jersey City. We note that the Bayonne Times in announcing that fact heads the item—"Doctor Passes Away." We believe the final result of the examination was not so serious as that.—Editor.

Dr. John H. Moore, Bridgeton, read a paper before the Bridgeton Teachers' Club, December 9, on Oxford University, England, which he visited last summer.

Dr. Edward A. Ayres, Branchville, addressed the local firemen at their annual dinner Dccember 18th.

Dr. John J. Haley, Gloucester City, is president of the Board of Trade of that city.

Dr. Norman H. Probasco, Plainfield, who underwent an operation for appendicitis December 18, has recovered.

Dr. Benjamin H. Rogers, Paterson, recently returned from a short trip to Florida.

Dr. John Van Ess, Paterson, has removed his office to 134 Washington avenue, Newark.

Dr. Alfred F. Van Horn, Plainfield, medical inspector, recently reported that the average health of the children of the local schools was superior to any previous record.

Dr. Alexander Marcy, Jr., Riverton, enjoyed a ten-day rest and recreation shooting

quail in North Carolina last month.

Dr. F. Vernon Ware, Millville, has been appointed by the commissioners a member of the Millville Board of Health.

Dr. Benjamin S. Van Dyke, Cranbury, was recently elected senior warden of Apollo Lodge, No. 156, F. and A. M., of that town.

Book Review.

With Sabre and Scapel. The Autobiography of a soldier and surgeon. By John Allan Wyeth, M. D., L. L. D. Illustrated. Harper & Brothers, Publishers, New York and London, MCMXIV.

This well known and gifted surgeon has given a full and fascinating history of his early life, his service in the confederate army and his career as a surgeon. Born a southerner, he gives a southern version of the Civil War and while we may disagree with him in his interpretation of some of those events, we cannot but admire his most interesting method of presenting them.

Progressive Medicine: A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Armory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleman, M. D. Vol. XVI., No. 4 December, 1914. Lea & Febiger, Philadelphia and New York.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Connecticut, July	. 20	17	3
Georgia, June	. 173	161	12
Idaho, April	. 15	13	2
Illinois, June	. 229	163	66
Iowa, June	. 53	52	1
Kansas, June	24	24	0
Kentucky, June	. 56	50	6
Louisiana, October	. 32	17	15
Michigan, June	. 57	56	1
Missouri, February	. 47	38	9
New Mexico, July*	. 1	1	0
Utah, July	. 6	5	1
Vermont, July	. 23	23	0
Wisconsin, July	. 66	63	37

*Eleven candidates were licensed through reciprocity.

The Tennessee Board licensed two candidates through reciprocity.

Michigan licensed thirty-two through reciprocity from February to September, 1914; Oklahoma licensed sixteen through reciprocity from April to July, 1914.

Undicensed Midwives in Newark.

In a recent report Dr. Julius Levy, of Newark, said there were ninety-five midwives in that city, of whom seventy-one are licensed at the county clerk's office, as required by law. Of the twenty-four not licensed, he said, three have diplomas from the State Board of Medical Examiners and only need to present their credentials at the county clerk's office to conform with the law. They ought to be compelled to do this, he said, so there will be an accurate record of midwives. He further reported that twenty-one are not licensed and have no diploma from the State Board of Medical Examiners.

The United States' Opportunity—Medical Education.

We take from Colorado Medical the following: There appear good reasons to believe that the present European war is causing 'a vigorous awakening of the medical educationists of the United States to the opportunity now afforded for wresting from the European clinics some of the prestige which they have hitherto held, more or less to the disadvantage, and certainly to the discredit, of our own medical institutions. The new announcement of the Graduate School of Medicine of Harvard University offers instruction in a great variety of subjects on a very thorough basis, and with very liberal accommodations as to just how much or how little work may be taken by the individual. We are told that "the advantages for graduate medical instruction which Harvard University is able to offer through its Graduate School of Medicine are unsurpassed in this country." Let us hope that it will soon be correct to say that they are unsurpassed in

Of like happy potent is the announcement that the neurological staff of the Philadelphia General Hospital, with the approval and encouragement of the Director of the Department of Public Health and Charities, has organized a Post-Graduate School of Neurology. "The time," says the printed announcement, "is opportune for this step. Owing to the terrible war in Europe, it will probably be one or two years at least before American students can avail themselves of the neurological clinics and laboratories of London, Paris, Vienna, Berlin, Rome, and other centers of medical instruction abroad." The first course of lectures will begin Monday, December 7, 1914.

Effective Teaching in Homeopathic Colleges.

In the October issue of The North American Journal of Homeopathy Dr. R. S. Copeland, an editor of that journal and dean of the N. Y. Homeopathic Medical College, makes a plea for maintaining the homeopathic colleges. After referring to the facts that in Great Britain, with forty millions of people there are but 227 homeopathic physicians; that in Germany, where homeopathy was born a century and a quarter ago, there are but 331 practitioners; that there are no homeopathic colleges in Great Britain or Germany, but that there are a few homeopathic colleges, a large number of practitioners and millions of patrons, he says:

It is the duty and the one duty of the homeopathic college to teach and apply homeopathy. If the institution is rich enough and fortunate enough to be able to do original work, it should not, in any opinion, spend its money blindly following the methods of research laboratories, dog-surgery, or investigation of rare and interesting diseases. I fear we have had no program; we have drifted along following the lines of least resistance. * * *

Because we are homeopaths we are here, and because of our belief in the homeopathic method we have our colleges. Our business is homeopathy and our function is to train

men in homeopathy. Let us do it.

When we adopt this program we shall have the students, and Heaven knows we need them. Last year we graduated 195 men. During the same year 165 homeopathic physicians died. We must support our colleges and turn out trained physicians to fill up the ranks and to push out the boundaries of our possessions. We may discuss—and with propriety discuss the standards of our colleges. We may advocate higher standards, changed standards, or the same standards, but the compelling and domineering fact is that no matter what their standards, the hope of the future lies in the perpetuity of the homeopathic colleges. The obliteration of any one of these fountain heads means that the stream of homeopathic progress must become that much smaller.

Public Health Items.

Smallpox Cases at Bridgeton.

There were reported to the Bridgeton Board of Health last month two cases of smallpox. The Board secured a physician at the rate of \$5 per visit and a nurse at \$25 per week to take charge of them.

Diphtheria in Jersey City.

To November 17, 119 cases of diphtheria had been reported in Jersey City. Dr. Frank H. Edsall, city health superintendent, stated that the city board of health was handicapped by the lack of a well-equipped laboratory and city bacteriologists.

Precaution in Constructing Water Reservoir.

Atlantic City is now building an addition to its storage water reservoir, and in order to protect the water-supply is making a test of its workmen on the job. Dr. Edward Guion, chief of the health department, is making Widal tests in order that no typhoid carrier shall take part in the work on the reservoir.

Contagious Diseases in Camden.

Dr. J. F. Leavitt, medical inspector of the Board of Health, reported an increase of fifty-two cases of contagious disease for the month ending December 15: Measles, sixty cases against 30; tuberculosis, twenty-eight against seventcen; diphtheria, seventeen against twenty-four; membranous croup, nine against none, and the whooping cough, six against none the previous month.

Diphtheria Closes Hoboken Schools.

An order for the complete closing of public schools from which 300 pupils were sent home December 16, following an outbreak of diph-

theria, was issued by President James H. Lazerty, of the Board of Education, after two children reported that their mother had been attacked by the disease. Two weeks ago two cases that resulted fatally, appeared in the school. Yesterday two additional cases were discovered.

So far this month there has been sixty cases reported to the Board of Health and the school authorities, and, rather than risk the exposure to contagion of the 900 day students and 1,100 night school students at the school, decided to close it until January 4, at least.

Rural Sanitation to Curb Typhoid Fever.

Surgeon-General Robert Blue of the public health service, in his annual report to-day, declares that despite the fact prevalence of typhoid fever in this country is being gradually reduced and the rate is not more than onchalf what it was thirty years ago, it is still higher than in some other advanced countries. He declares the urgent need is for rural sanitation.

Mosquito Commission Returns Some Money...

The Union County Mosquito Commission adopted its annual budget recently. The sum of \$23,000 was found sufficient to do the commission's work, so that \$2,50 over that sum will be returned to the New Jersey Experiment Station.

Birth and Death Rates.

Records of the Department of Health show that for the past six years the birth-rate of New York City has been steadily decreasing, and that last year the lowest point for the six years was reached. The death-rate had likewise decreased steadily, so that to-day the births exceed the deaths by eleven per 1,000. This city has the second lowest mortality figures among the cities of the world which have a population of 2,000,000 or more. The birthrate here is 25.15 per 1,000, while in London it is 24.93 and in Berlin 19.61. The death-rate exceeds only that of Berlin, which is 13.48 per 1,000. The deaths from pulmonary tuberculosis number 1.601 per 1,000, while in Paris they are 3.178. Paris has also the highest mortality from typhoid fever.

Interdependence of Rural and City Health.

Disease is communal. The health of the city is dependent upon the health of the country. A large part of the disease in the citics is brought in from the country.—William De Kleine, in "Public Health."

Public Health and Personal Hygiene.

Dr. W. H. Sawyer, in the Michigan State Medical Society Journal, says: Public health is made up of units, personal health is public health, personal hygiene is public hygiene. If perfect health on the part of the farmer is considered, he will not allow milk to be dirty, allow pollution to get into the well or brook or stream. If you are working for public health you are working for personal hygiene, individual, clean, sanitary living and if each individual would follow that out public health

problems would be largely solved. Health doctors to be successful must expect to train the individuals they come in contact with in the laws of personal hygiene.

Health in the Philippines.

The Bureau of Health for the Philippine Islands reports for the first quarter of the present year better health eonditions in the archipelago than they have been at any time during the past ten years. The death rate of Manila for March was 20.39 per 1,000, which is the lowest on record. The death rate for March, 1914, was 40.23 per 1,000.

Characteristics of the Health Movement.-The New Health is thus an index of our civilization, a composite result of all our well-being and a tremendous asset for the advancement of that well-being. Health is cconomie. Sound men cannot be exploited; and for that reason, if for no other I greet with enthusiasm the advent of the New Health. is moral. Sound men will not be unjust and for that reason I salute the era of the New Health. Health is civic. Sound men will eliminate poverty and that of itself should make us all sanitarians. Sound men will learn to do without jails, recognizinz that so-called criminals are properly candidates either for an educational reformatory or for a eustodial hospital, and therefore again I turn gladly toward the dawn of the New Health.—Edward T. Devine, Journal of Outdoor Life.

Public Health and Good Roads.

In our largest cities to-day the economic health is directly dependent upon good trans-More children die annually because portation. of poor milk in the summer season than probably from any other cause. Fresh milk cannot be supplied to the children because of poor transportation facilities. It is true that a large part of this transportation is conducted by railroads; but a large part of this is also conducted by wagon roads. Transportation must be of the very best kind in order to bring fresh milk into our large cities. This in a measure also holds true for the smaller cities. -William De Kleine, in Michigan State Board of Health Bulletin.

Public Health.

From the Illinois Med. Jour. November.

The inalienable right of every child to be well born is the only raison d'etre of the science of eugenics. And the dispatches from the various European countries now at war stating that the governments involved were advising the recruits to marry before going into battle show, as nothing else can, the desperate need of Europe for men to earry on the business and wars of the future. Many of us had read these dispatches coming one after another without noting their sinister significance. But the Chicago Herald rose to the occasion and in an article worthy of Victor Hugo execriated the policy that would debase the marriage tie: "What matters it that the young wife may never see her child's father again? What matters it that the young father may never see his child? What matters that the whole thing

is a mockery of the sacredness of marriage, a travesty on the best in life itself? Breed ere you die!

"And this is the twentieth century! This is Europe! This is religion, eivilization, marriage, State policy! Breed before you die! Bring into the world all manner of predsetined orphans, many condemned to idioey, disease and want! The State demands it. Breed before you die; for if ye breed not the nation

Too many persons in authority have assumed that there was some sacred obligation to "increase and multiply," and have therefore magnified the importance of quantity of offspring instead of the infinitely greater importance of quality. No fact bearing on the question of national and individual well being is of greater significance than the showing made by Dr. Drysdale that the net increase of population is greater with a comparatively low birth rate with its always accompanying low infant death

The Herald article aroused much comment. favorable and critical, but perhaps the best criticism of the European policy was unearthed by Rabbi Schanfarber from Deuteronomy XXIV, 5: "When a man hath taken a new wife, he shall not go out to war, neither shall he be charged with any business; but he shall be free at home one year, and shall eheer up his wife, which he hath taken."

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

From the November, 1914, Report.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending November 10, 1914, was 2,951. By age periods there were 624 deaths among infants under one year, 180 deaths of children over one year and under five years and 866 deaths of persons aged sixty years and over.

Deaths from Diphtheria show an unusual increase, the total for the month is 62 while the average number of deaths per month for the past year is 47.

The following shows the number of certificates received in the State Bureau of Vital Statistics during the month ending November 10, 1914, compared with the average for the previous twelve months, the averages being given in parenthesis:

Typhoid fever, 28 (19); measles, 1 (22); scarlet fever, 7 (21); whooping cough, 14 (28); diphtheria, 62 (47); malarial fever, 0 (1); tuberculosis of lungs, 259 (311); tuberculosis of other organs, 42 (46); cancer, 184 (185); diseases of nervous system, 238 (291); diseases of circulatory system, 467 (512); disease of respiratory system (pneumonia and tuberculosis excepted), 133 (205); pneumonia, 146 (253); infantile diarrhoea, 226 (183); diseases of digestive system (infantile diarrhoea excepted), 196 (194); Bright's disease, 213 (251); suicide, 37 (43); all other disease or causes of death, 698 (697); total, 2,951 (3,309).

The Laboratory of Hygiene reports: Eight thousand six hundred and forty-one specimens received for bacteriological diagnosis as follows: From suspected cases of diphtheria, 7,723; tuberculosis, 447; typhoid, 350; malaria, 20; miscellaneous specimens, 101.

Thirty-six of 323 samples of food and drugs examined in the Laboratory were found to be below standard.

The Bureau of Creamery and Dairy Inspection reports 108 of the 299 dairies inspected as scoring below 60% of the perfect mark;

18 had relinquished the sale of milk.

The Bureau of Contagious Diseases report: Two thousand five hundred and three cases of communicable diseases to the State Board of Health during the month of October, 1914, an excess of 407 cases over the number reported during October, 1913. We note the following: Typhoid fever, 288 cases, every county in the State except Somerset reporting from one to 63 cases; diphtheria, every county reporting cases except Sussex, in all 864 cases, a much greater prevalence than during the past two years; scarlet fever, 320 cases, from every county except Cape May, an excess of 75 over October report of 1913; tuberculosis, 779 cases, an excess of 148 over the number reported for October, 1913.

NEW AND NON-OFFICIAL REMEDIES.

The following articles have been refused recognition by the A. M. A. Council on Pharmacy and Chemistry.

Alborum.-Whitehouse Chemical Co., Lynch-

Apergols.—H. K. Wampole Co., Philadelphia. Betul-ol and Nourrg Wine.-E. Fougera & Co., New York.

Cystogen, Cystogen Aperient and Cystogen-

Lithia.—Cystogen Chemical Co. Cysto-Sedative.—Strong, Cobb & Co., Cleve-

Ergoapiol.-M. H. Smith & Co., New York. Gastrogen Tablets. — Bristol-Meyers Co., Brooklyn.

Iodolia.—George J. Wallau, Inc.

Iodotone.-Ermer and Amend, New York.

Food for Thought.

Arts of Peacc.

A time will come when the science of destruction shall blend before the arts of peace, when genius, which multiplies our powers which creates new products, which diffuses comfort and happiness among the great mass of the people, shall occupy in the general estimation of mankind that rank which reason and common sense now assign it .-- Arago.

The Creative Mind.

It is in the putting forth of the hypothesis that the true man of science shows the creative power which makes him and the poets brothers. His must be a sensitive soul. ready to vibrate to Nature's touches. Before the dull eye of the ordinary mind facts pass one after the other in long procession, but pass without effect, awakening nothing. In the eye of the man of genius, be he poet or man of science,

the same facts light up an illumination, in the one of beauty, in the other of truth; each possesses a responsive imagination. Such had Bernard, and the responses which in his youth found expression in verses, in his maturer and trained mind took the form of scientific hypothesis.—Foster.

No man knows all things. There is not anyone, however wise he may be, that may not learn something for you. Apelles took lessons of a cobbler. We are all necessary, one to the other. In the final analysis there is no distinction; "all men are at last of a size." Do not therefore, be disturbed by those evangelists of a strenuous life who slaps you on the back, with the admonition to be some-You are already somebody if you are body! filling faithfully your present job. It is man, no God, who ranks the rose above the dande-

You deceive none but yourself if you think to shirk the part assigned to you in the business of the universe. You can not be what you are not. Therefore, know your limitations. Seek that which may be found. Infinitely more to be prized is contentment in overalls than lack of peace adorned with Only he is master of his happiness who is honest with himself, who knows what work is his and who does it with a singleness of mind and with all tht strength and skill that God has given him.—Clifford Howard.

If you are entrusted with a secret, do you always keep it faithfully, or does it somehow leak out to one or two other people?

I think many girls and women don't quite understand the importance of obeying that little phrase, "Mum's the word." Men do.

You meet few men who will allow a secret to be wheedled out of them, ut too many women are apt to promise secrecy and then find it

too hard to keep their word.

When you're bursting with a piece of news that nobody else knows, I quite admit it's terribly difficult to say nothing at all about it; but, believe me, it must be donc. It's not that the news itself is so very important—very likely it isn't-but if once you've given your word to be "mum" wild horses mustn't drag that secret out of your keeping.

That's what men mean by honor, and that's what they're thinking about when they say unkind little things about all women being sneaks and never able to hold their tongues

when they should.

If you really find it beyond your power to keep a secret, then please tell your friend you'd rather not hear it. Once having listened to it you are bound in honor not to repeat it without permission. Remember, I say "in honor." Don't you agree with mc that we women need to make better acquaintance with those two little words?-Grace Goodhouse in Camden Courier.

(The above appeared under the caption, "Can a Woman Keep a Secret?" We believe the men need it as well. We take the following from a recent issue of Club Fellow: "Sillicus-'What's the matter, old man? You look unhappy.' Cynicus—'I am. I'm almost as unhappy as a woman with a sccret that nobody wants to know." -- Editor.)

FACETIOUS ITEMS-

"How wide is the Atlantic Ocean?"

"Three thousand miles."

"Well, I guess they won't drop any shells in my back yard."-Louisville Courier-Journal.

His Ambition .- "Young man, what profession do you expect to follow when you grow up?"

"I'm going to be a doctor," answered the young man, taking out a notebook and pencil. "May I count on you to save your appendix for me?"-Judge.

The Stomach's Function.—The teacher was examining the class in physiology.

"Mary, you tell us," she asked, "what is the

function of the stomach?"

"The function of the stomach," the little girl answered, "is to hold up the petticoat."

Daughter.—"Yes, I've graduated, but I must inform myself in psychology, philology, bimli—"

Practical Mother.—"Stop! I have arranged for you a thorough course in roastology, bakeology, stitchology, darnology, patchology and general domestic hustleology."

Physician—This man's condition is not due to drink. He's been drugged.

Policeman (turning pale and speaking timidly)-I'm afraid ye're right, sir. I drugged him all the way—a matter of a hundred yards or more.—Pearson's Weekly.

Time Wasted .- "Dinah, did you wash the fish before you baked it?"

"Law, ma'am, what's de use ob washin' er fish what's lived all his life in de water?"-Philadelphia Ledger.

Dr. C. L. Belding, Van Wert, Iowa, cluded a paper on "A Few Histories," before the Decatur County Society, with the iollowing:

"When you find a pneumococcus Playing on a patient's pipes, It may smile or jeer or mock us, And pretend some other types Of maladies quite simple And devoid of mystery; Do not treat it as a pimple But get a history."

"When some T. B. bug a slumbering In an alimentary zone Awakes and goes to wandering To some neighboring joint or bone, It may baffle you and bluff, too, In its feigned sanctity, But it will never get the best of you When you have a history."

"When a spermat goes a strolling To court a uterine maid, And passion's tempest blowing-The rest will be unsaid. But should you think of Fibroid Don't forget a pregnancy And the everlasting signboard, The important history."

A suburban minister, during his discourse one Sunday morning, said: "In each blade of grass there is a sermon." The following day one of his flock discovered the good man pushing a lawn-mower about, and paused to say: "Well, parson, I'm glad to see you engaged in cutting your sermons short."—Philadelphia Public Ledger.

Crude Work .- Doctor-"I hear the operation lately performed by Dr. Cutem was a botch."

Friend—"Why, I understood the patient was completely cured by it."

Doctor (loftily)-"I am not speaking of its effects on the patient, but of the way the operation was performed."—Baltimore American.

"How is your cousin getting on, Jane?"

"Nicely, thank you, ma'am, but he had an awful time. They performed three autopsies on him at the hospital before he began to get better."-Baltimore American.

In the Same Boat.—The house doctor of a Cincinnati theatre sometimes tires of his office; hence the following:

One evening an excited usher rushed to the doctor's seat and whispered a brief message. The occupant rose at once and both men left the orchestra hastily and made for the dressing-rooms.

"It's the leading lady," wailed one of the actresses, meeting them; "come this way."

"Have you poured water on her head?" inquired the doctor, solemnly. "Yes, from the fire-bucket."

"The fire-bucket!—what a fearful blunder! Here," and he scribbled a line on a card, "take this to the drug-store and get it filled."

When the leading lady found herself alone with the doctor, she opened her eyes. "Doctor," she gasped, "you're a good fellow, aren't you? I know you are aware that there's nothing the matter with me. I want a day off, and I don't want to go on in this act. Can you fix it?"

"You bet I can," said the doctor, wringing her hand, sympathetically. "I ain't no doctor. I came in on his ticket."-Lippincott's Magazine.

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THE TREATMENT OF IMPACTED URETERAL CALCULI.*

By George N. J. Sommer, M. D., Trenton, N. J.

It may be considered an axiomatic fact that the recognized presence of a calculus lodged in the ureter calls for its removal; because by its presence whether causing complete or partial obstruction to the urinary flow, it acts as a menace to the functional activity of the kidney of the affected side, but also to the vitality of the individual host.

Frequency. There is no doubt that impacted ureteral stones are of greater frequency than is generally supposed. There are no statistics available as to how often this occurs.

Sites of Impaction. The most common sites of impaction are in locations where the ureter is anatomically narrowed. These are three:

1. Pelveoureteric junction.

2. Where the ureter crosses the iliac vessels.

3. At the junction of the ureter and bladder, i.e. the juxta vesical portion.

Diagnosis. Pain is of the greatest significance, particularly as to location, and is variable in degree intensity and radiation. Thus stones lodged in the upper ureter cause intense backache, local tenderness in the loin space, and radiation along the course of the canal downwards to the bladder region. Lodging at the crossing of the iliac vessels the attacks are often mistaken for appendicitis. When the impaction is in the pelvic portion of the ureter at or near the vesical end, pain complained of at the pubes, in the testicle, with great fre-

quency of urination is a common symptom complex.

Urinary Findings. These are at times of great importance. The finding of blood and pus in the urine in microscopic quanti-

ties are of some significance.

Location of the Impaction. The diagnosis of the seat of the impaction is comparatively easy. For this purpose we have recourse to cystoscopy and ureter catheterization; using either the plain or waxtipped catheter (Kelly, Harris) or ureteral searcher sounds, with the intermuscular injection of indigo carmine to determine the partial or complete obstruction of the urinary flow and any changes in the functional activity of the affected or unaffected side. Following this the X-ray is one of the most valuable of our resources not only to locate the presence of the calculus, but also its position and the number of them. When the stone fails to throw a shadow, a combination of the graduated X-ray catheter and ureteropyelography will help to solve the difficulty.

Treatment. This consists of medical and surgical methods. Medical treatment is based on the supposed solvent properties of certain drugs, such as lactic acid for the phosphatic and acid sodium phosphate for the uric acid stones; which leave much to be desired. I have found the suggestion Lilienthal—of excessive advocated by water drinking either spring or distilledto be of great help in furthering the expulsion of small calculi. Three cases in my experience, of patients who had re-peated attacks of colic with the passage of small calculi, were much benefited by this advice.

Surgical Treatment. This consists of two types of procedure depending upon size and location of the stones:

1, Endovesical Manipulations; 2, Ureterolithotomy.

^{*}Read at the 148th annual meeting of the Medical Society of New Jersey, July 1, 1914.

Endovesical Methods. These consist in the injection of lubricating fluids such as glycerin or olive oil in the ureter in advance of the stone and thus further its expulsion. It has been my fortune to expedite the passage of stones in four cases by this method.

Case 1. Male, age 45, had several attacks of colic which were succeeded by a fixed spot of pain in the right suprapubic region, with radiation to ohe testicle. X-ray showed a shadow in the pelvis. By ureter catheter obstruction at 1.5 cm., glycerin was injected and the stone passed the next morning.

Male, age 40, frequent attacks of colic for a period of two weeks. X-ray showed small calculus in lower end of ureter. Obstruction at 1.5 cm., glycerin was injected and stone passed the next day.

Case 3. Male, age 45. Frequently passes small calculi-in all about three hundred. Finally one impacted in the vesical portion of the ureter. Glycerin injected and stone passed three hours later.

Male, with an attack of colic, followed by a fixed pain in the lower left abdomen. X-ray negative, obstruction 2 cm., glycerin injected, and stone passed next day. Had been suffering for three months.

Other intravesical methods are such as dilating the ureter with bougie or the balloon catheter of Jahre, or by means of high frequency applications after the method of Buerger.

Ureterolithotomy. The method of surgical approach differs somewhat, depending upon the location of the impaction. Those located in the upper end of the ureter can be approached by the usual route used in exploration of the kidney. An incision is made in the loin space parallel with the last rib. If necessary it can be lengthened forward and downward toward the rectus border. The stone is either removed from the ureter by a longitudinal incision, or is milked upwards into the renal pelvis and a pyelotomy done.

Case 5. C. H. G., age 48, one week ago began to have severe pain in the left back, radiating into the abdomen. Urine contains blood and pus. Swelling and great tenderness in the left loin space. shows shadow below the last rib. Operation: Oblique incision in the left loin. Stone impacted at the ureteropelvic junction. Pushed into pelvis and pyelotomy done. Pelvis sutured, wound drained with rubber tissue. Recovered in a month.

Stone impacted at the pelvic brim may be reached by an intraperitoneal operation, but preferably by the extraperitoneal. I have one case of this kind to record.

Case 6. M. H., female, age 23. thought to have appendicitis. Seeing her during an attack confirmed the opinion of the presence of ureter stone which located it at the pelvic brim over the iliac vessels. The stone was removed by an intraperitoneal operation May 8, 1900, and reported in the Annals of Surgery, Vol. 32, 1900.

Stones impacted in the pelvic portion of the ureter may be removed by an extraperitoneal incision through the iliac fossae. Those in the juxtavesical or intramural portion are best reached by a median suprapubic incision opening up the space of Retzius, pulling the bladder upward and to one side, following downwards towards the uterine artery in the female and the vas deferens in the male (Judd, A method of exposing the lower ureter, Annals of Surgery, March, 1914.) I have used this method in two cases recently and find it all that is claimed for it. I have operated on five cases of stone impacted in this region.

Case 7. Italian male, age 36, has had right upper abdominal pain for six years Exploratory operation in the right upper abdomen was performed five years ago and nothing was found. X-ray and ureter catheter located a stone 2 cm. above bladder. Extraperitoneal operation in right iliac fossa low down. Ureter dilated and thickened and adherent. Opened and stone was forced into bladd " from which it was removed by a suprapubic cut.

Prompt recovery.

DISCUSSION.

Dr. Henry B. Costill, Trenton: Mr. President and Gentlemen: My discussion of Dr. Somer's paper will be very brief. In the first place, I would like to call attention to the fact that this paper marks very clearly the progress of surgery, and particularly genito urinary surgery, in the last few years. It is only through the combined use of the cysctoscope and the X-ray with the indigo-carmine, or some other renal sufficiency test, that it has been possible to accurately locate calculi in any and all parts of the genito-urinary tract.

The surgeon who approaches this field now can do so with an accurate knowledge of the location of the trouble he is trying to remove. Consequently many well planned operations have been instituted for the relief of this condition. One of the most feasible is the one described by Judd and followed by Dr. Somers in his work. And while I believe that this is one of the best methods of approaching ureteral calculi in the lower segment of the ureter, still the surgeon who undertakes it for the first time will find that it is no easy proposition. But, aside from an operative view, is it not possible by proper management, careful attention to the habits and diet of our patients, looking well to the intestinal tract, to see that it is not a source of infection, that the kidneys are kept well flushed with liberal supplies of water, by insistence upon more active outdoor exercise, to render less liable the formation of calculi. One other point which Dr. Somers has mentioned I would like to emphasize, and that is the diagnosing of appendicitis when the trouble really comes from an impacted ureteral calculus. This has happened more than once under my own observation, and I haven't the least doubt that many cases have been passed as recurring attacks of appendicitis until they have fallen into the hands of a genito-urinary surgeon, and an X-ray has demonstrated an impacted calculus at the pelvic brim.

Dr. Frank J. Keller, Paterson: Gentlemen, I think Dr. Sommer should be congratulated upon this very excellent and concise paper. think papers of this character will do a great deal more for the people that attend these meetings than going into lengthy statistics in these cases. Especially should he be complimented on the advice he gives us of a glycerine injection through the ureteral opening by means of a ureter catheter. I think with that method practiced oftener, as it is by a good many men, if there has been stones formed we would not have to subject our patient to the very mutilating and very dangerous operation of opening and removing the stone. It is a rather simple procedure if one has practiced ureteral catherization and cystoscopy.

THE PRUDENTIAL'S ORDINARY MORTALITY EXPERIENCE FROM PULMONARY TUBERCULOSIS 1886-1913.

By WM. PERRY WATSON, A. M., M. D., Consulting Medical Director.

The Prudential Insurance Company of America issues life insurance on healthy residents of the United States and Dominion of Canada, under two distinct methods—the industrial or weekly payment plan, on lives, ages 2 to 65, in amounts of \$7 to \$500, and the ordinary or old line plan, premiums payable annually, on lives, ages 12 to 66, in amounts of \$500 to \$100,-

While in 1913 death claims alone were paid in the former to the amount of \$14,-887,956.52, and in the latter \$6,567,579.12, this paper considers only the latter plan.

In the attached tables, 1, 2 and 3, "Ordinary Mortality Experience from Pulmonary Tuberculosis, 1886-1913," it appears there were 40,038 deaths from all causes, of which number 7,706 (18.8%) were from consumption.

MALES.

There were 33,419 deaths from all causes. The largest number in any fiveage period, 4,647 (13.9%), occurred in the age period, 35 to 39; 13,340 (39.9%) in the age periods, 30 to 44; 16,865 (50.5%) in the age periods, 25 to 44, and 24,269 (72.6%) in the age periods, 25 to

54 Table 1).

There were 6,283 deaths (18.8%) from consumption. The largest number, 1,237, occurred in the age period, 30 to 34, and was 29.1% of the deaths from all causes in that age period. The highest percentage, 33.2, appears in the age period, 25 to 29, where the deaths from consumption were 1,171, and the deaths from all causes, 3.525. The next highest percentage, 32.8, was in the age period, 20 to 24 (742 of 2,262). For the three periods from ages 25 to 39, the deaths from consumption were 3,461, or about 28% of the deaths from all causes (12,428). (Table

The highest yearly percentage, not counting 1886, '87 and '88, when there were one, three and one deaths, respectively, was in 1895, when it was 25.4%, and the lowest in 1894, when it was 10.1%. With the above exceptions and also the years 1889 (15.4%), '90 (11.8%), (14.3%), and '97 (15.6%), it will be noted that the yearly percentage of deaths from consumption was quite uniform, i. e., about 19%. (Table 2).

FEMALES.

There 7,519 deaths from all causes. The largest number, 1,155 (15.4%), occurred in the periods 30 to 34; 3,252 (43.3%) in the periods 25 to 39; 4,104 39; 4,104 (54.6%) in the age periods 25 to 44 and 5,463 (72.7%) in the age periods

25 to 54. (Table 1).

There were 1,423 deaths (18.9%) from consumption. The largest number, 375, occurred in the age period 25 to 29 and was 34.7% of the deaths from all causes in that age period. The highest percentage, 37.9, appears in age period 20 to 24, where the deaths from consumption were 265 and the deaths from all causes, 699. The next highest percentage, 33.9, was for ages under 20 (37 of 109). For the three periods from ages 20 to 34 there occurred 940 deaths

^{*}Read at the 148th annual meeting of the Medical Society of New Jersey, Spring Lake, July 1, 1914.

Ordinary Mortality Experience From Pulmonary Tuberculosis. 1886-1913. Table 1. Age Periods.

	MALES		FEMALES			
Age at Death	All Causes	Phthisis	%	All Causes	Phthisis	%
Under 20	387 ·	87	22.5	109	37	33.9
20-24	2,262	742	32.8	699	265	37.9
25-29	3,525	1,171	33.2	1,082	375	34.7
30-34	4,256	1,237	29.I	1,155	300	26.0
35-39	4 647	1,043	22.4	1,015	200	19.7
40-44	4,437	806	18.2	852	121	14.2
45-49	3,889	515	13.2	723	57	7.9
50-54	3,515	339	9.6	636	28	4.4
55-59	2,779	201	7.2	551	· 14	2.5
60-64	2,070	98	4.7	409	17	4.2
65-69	1,185	28	2.4	213	6	2.8
70-74	389	16	4. I	68	3	4.4
75 and over	78			7		
All Ages	33,419	6,283	18.8	7,519	1,423	18.9

Male and Female: All Causes, 40,938; Consumption, 7,706; %, 18.8

from consumption or 32% of the total deaths from all causes at these ages (2,936). There were no deaths from consumption in 1886, '88, '89, '90, '92 and '95, and two in '96. (Table 1).

724

13

4,115

The highest yearly percentage not counting 1887 (one of the two deaths in that year being from consumption) was 26% in 1901, 25% in 1808, 23% in 1906, and the lowest, not counting 1886, '88, '89, '90,

150

943

15.9

Ordinary Mortality Experience From Pulmonary Tuberculosis. 1886-1913.

Table II. Yearly

	MA	ALES		FEMALES			
All Causes		Phthisis	%	All Causes	Phthisis	%	
1886	I	I	100.0	0	0		
87	6	3	50.0	2	I	50.0	
88	3	I	33.3	0	0	_	
89	13	2	15.4	0	0	-	
1890	17	2	11.8	2	0	_	
91	28	4	14.3	2 5 7	I	20.0	
92	39	7	17.9	7 .	· О	_	
93	64	14	21.9	9	I	II.I	
94	69	7	10.1	9 7	I	14.3	
95	138	35	25.4	II	0	_	
96	172	35	20.3	16	2	12.5	
97	225	35	15.6	22	. I	4.5	
98	366	74	20.2	40	IO	25.0	
99	450	82	18.2	70	14	20.0	
1900	558	110	19.7	105	21	20.0	
OI	810	145	17.9	. 150	39	26.0	
02	1,027	182	17.7	207	36	17.4	
03	1,361	275	20.2	268	5 3	19.8	
04	1,752	343	19.6	400	75	18.8	
05	1.737	343	19.7	444	91	20.5	
o 6	2,080	413	19.9	504	116	23.0	
07	2,414	450	18.6	529	103	19.5	
o8	2,600	510	19.6	631	131	20.8	
09	2,826	509	18.0	640	137	21.4	
1910	3,206	643	20.I	740	132	17.8	
ΙΙ	3,542	639	18.0	871	131	15.0	
12	3,800	695	18.3	896	177	19.8	

17.6

'92 and '95 (there being no deaths from consumption in those years) was 4.5% in 1897. With the above exceptions, and also the years 1893 (11.1%), 1894 (14.3%), 1896 (12.5%), 1911 (15%) and 1913 (15.9%), it will be noted that the yearly percentage of deaths from consumption was quite uniform, i.e., about 20%. (Table 2)

It is noted that the largest number of deaths from all causes of males, 4,647, occurred in the age period 35 to 39 (13.9% of all ages) and of females, 1,155, in the age period 30 to 34 (15.4%) of all ages), while the percentage of deaths from consumption of all deaths from that disease was 16.6 in the former and 21.1 in the latter. (Table 3).

The largest number of deaths of males

from consumption, 1,237, occurred in the age period 30 to 34, giving a percentage of 19.7, that being the highest percentage, according to age distribution, while the highest percentage of deaths of females (26.3) occurred in the age period 25 to 29. (Table 3)

While at the younger ages a larger percentage of deaths of females from all causes occurred than among males, it is to be particularly noted that the same is true of deaths from consumption in the earlier

age periods.

It is understood, of course, that distinction as to the personal or family history, physique, occupation, kind and duration of policy, or the exposure has not been considered in these tables.

Ordinary Mortality Experience From Pulmonary Tuberculosis. 1886-1913. Table III. Age Distribution.

MALES FEMALES

ALL CAUSES PHTHISIS ALL CAUSES
Deaths % Deaths % Deaths %

	Ages	ALL CAUSES Deaths %		PHTHISIS Deaths %		ALL CAUSES Deaths %		PHTHISIS Deaths %	
	Under 20	387	I.2	87	1.4	001	1.5	37	2.6
	20-24	2,262	6.8	742	11.8	699	9.3	265	18.6
	25-29	3,525	10.6	1,171	18.6	1,082	14.4	375	26.3
	30-34	4,256	12.7	1,237	19.7	1,155	15.4	300	2I.I
	35-39	4,647	13.9	1,043	16.6	1,015	13.5	200	14.1
	40-44	4,437	13.3	806	12.8	852	11.3	121	8.5
	45-49	3,889	11.6	515	8.2	723	9.6	- 57	4.0
	50-54	3,515	10.5	339	5.4	636	8.5	28	2.0
	55-59	2,779	8.3	201	3 2	551	7.3	14	0.1
	60-64	2,070	6.2	98	1.6	409	5.4	17	I.2
	65-69	1,185	3.5	28	0.4	213	2.8	6	0.4
	70-74	389	I.2	16	0,	68	0.9	3	0.2
7	5 and over	78	0.2			7	0.1		
	All Ages	33,419	100.0	6,283	100.0	7,519	100.0	1,423	100.0

DISCUSSION.

Dr. John Nevin, Jersey City: Because the general character of the business done by the Prudential and the fact that it operates over a considerable area, any statistics presented by them are of value. The reliability of the statistics is guaranteed by the fact that they are made up under the direction of Mr. Gore, actuary, and Mr. Hoffman, statistician, who are men of international reputation. The figures presented by Dr. Watson are not intended, as he says, to cover all phases of the cases from which the statistics are compiled. This is to be regretted, as it would be most interesting to know, for instance, the average duration of policies, upon which might be based a determination, to some extent, at least, of the value of medical selection. It would also be interesting to know what influence locality, occupation, physique, race, heredity, and social condition had on the statistics and whether the statistics included deaths from chronic pneumonia, bronchial affections and pleurisies which are often tubercular, and which present foci for tubercular invasion.

Dr. Leslie D. Ward, the first medical director of the Prudential, was said to have stated that it would be perfectly feasible to insure people passing a busy given point without medical examination. It is undoubtedly true that an insurance company could do business satisfactory with the vital statistics of the general population as a basis, but just as soon as it became known that the safeguarding by medical examination was not required, there would be a selection against the company by an influx of the lame, the blind, the halt, and the defective. So that for the moral effect, if for no other reason, medical examinations are necessary.

Do the figures presented by Dr. Watson, compared with the statistics of the general population, show that a careful medical selection has been made? I have been quite intimately associated with the medical officers of the Prudential for many years, know their methods of viewing and reviewing cases, and

I know that they have given the risks subnitted to them carcful and intelligent consideration. It must be recognized that the nicdical director depends largely on the picture of the case as presented by the inedical examiner. I realize that in comparing the statistics of any company with those of the general population many things have to be considered. There is the initial sclection against the company on the part of the applicant who is anxious for insurance and who will conceal details of personal and family history that are vitally important, and this is particularly true of the one who knows he is impaired; and there is the subsequent selection against the company by the risk that becomes impaired, as he is not the one who will permit his policy to lapse. Comparing the with those of the general figures presented population, I am inclined to the opinion that the results should show more favorably to the company, more particularly as the cases in point have been acted upon after a supposedly complete and careful medical examination. As the records of the general population from registration areas furnish the only reliable data, we will consider only the statistics from those areas.

In the year 1900 the number of deaths from tuberculosis was 53,692, of which 29,192 were males and 24,770 females, giving a ration from this disease of 106.3 to 1,000 deaths from all causes, and a death-rate per 100,000 of 187.3. In 1890 (ten years previously) the death-rate was 245.4. I think we may properly attribute the difference to better sanitary regulations, occupational safeguards, education of the people as to the infectivity of this disease, as well as its curability, and to the accessibility of methods of treatment as supplied by State and municipal regulation. It may also be noted that the rate is higher in males than in females, which does not correspond to the Prudential's figures, nor do the Prudential figures indicate a lowering of the mortality in this disease in the period between 1890 and 1900, as is shown in the U.S. census reports, which include the colored population as well as unfavorable sections in which the Prudential does not operate. The death rate of the colored races from consumption was nearly three times that of the whites, and that of the foreign whites higher than that of the native whites, as indicated by the figures 231.1 to 155.4, respectively, and the death rate of white malcs (188.3) to colored males (527.3) was considerably higher females—white, 158.8, and

The United States Census Reports show also that the death rates from tuberculosis were higher between the ages 15-44 and 65 and over than among those between 45 and 64, and also that the death rate was higher among males than females in each age group above 15 years. The death rate was higher in the single than in the married in both sexes, and higher in urban than in the rural districts. The Prudential figures, as I have stated, show a larger proportion of deaths among females in the age group from 20 to 34. While a number of elements might enter into the causation of such a result, might we not be justified in the presumption that part of it is due to improper and incomplete medical

examinations? It is not always an easy matter to induce female applicants, particularly of the younger ages, to remove sufficient clothing (corsets, etc.) so that a proper physical examination of the chest may be made.

I sometimes thing that the present tendency to rely on laboratory methods for diagnostic purposes has caused us to overlook the importance of the clinical signs and indications of disease. It is not my intention to decry the use of the microscope, blood and sputum examinations, etc., but I do wish to insist that they are only adjuncts and that we should depend to a very large extent on a careful physical examination to enable us to distinguish between the normal and the pathologic.

In the final analysis the most important element in the foundation of favoroble statistics in life insurance is the work done by the medical examiner, and the company depends upon him to make competent, honest, conscientious and careful reports upon which its medical officers can base a proper medical selection.

Dr. George A. Van Wagenen, Newark: A paper, such as Dr. Watson has given us, is of interest not only to members of the life insurance fraternity to which Dr. Watson, Dr. Nevin and myself belong, but to every one of the medical profession who is fighting this great white plague. The fact has been referred to a number of times in different papers that have been presented during the day, that the first factor in attacking any one of the diseases which prey upon the human race is to learn the various conditions under which it is active, and that is specially so in reference to consumption. A paper, such as the doctor has given us, is hardly digested on first reading. It is a paper one needs to study carefully. The Mutual Benefit, with which I have been connected for the last thirty-six years, does not keep its statistics as carefully as those the doctor has been able to present; indeed, there are very few life insurance companies which have kept their figures so that they can be referred to in the minute way in which the doctor has given the figures in his tables. It is only within the last ten years that life insurance companies have gone into the matter of mortality as carefully as they are doing now. The figures of our own company I can give you as far as the total number of deaths is concerned, as compared with the total number of consumptive deaths since 1891, or from 1891 to 1913, inclusive. You will notice this is a few years less than the president's figurcs, which began in 1886. Our figures cover five years less time than his. The total number of deaths in our company during that time was 31,112, and out of this 2,514 deaths were due to tuberculosis. Now, this gives a percentage of only 12.37 of consumption, compared with the normal death rate of selected lives, as against 18.8 for the Prudential mortality. You will see, therefore, that our death rate from consumption is much less than that of the sister company. I think this may perhaps be accounted for by reason of the fact that our policies are much larger and fewer in number than those of the Prudential. This would naturally give us a class of lives better selected as far as environments are concerned and better able to take care of themselves when they became infected. Men who are wellto-do will consult a physician very much quicker than the poor. In addition to the figures which I have just given you, I think you will be interested in a few facts which have been brought out by the late investigation of the medico-acturial society. I think it was about ten years ago the Actuarial Society of America undertook an investigation covering the combined experience of all the old line life insurance companies. Within the last two or three years the Medical Directors' and Actuarial Societies combined in a very thorough investigation, and I have taken from their statistics the following facts which, I think, will interest you. First, among applicants who had actually suffered from tuberculosis and recovered, the mortality was found to be five times the normal. These figures are surprising; it is so common for us to think the man who had tuberculosis has recovered; yet the figures show that the mortality among those cases who have apparently recovered is five times the normal mortality. Next, among those who have spat blood but have no actual history of tubercular infection demonstrated: those who have had one attack within five years before they were insured, give a death rate of 1.51 per cent. Those who had the single attack between five and ten years before, give a death rate of 1.31 per cent. Those who had one attack more than ten years prior to insurance, give a death rate of 1.02 per cent. Also Drs. Elderton and Perry investigated deaths occurring at the Adirondack sanatoriums. There were 3,000 deaths in all between the years 1885 and 1911, and among these, those who were apparently cured, gave a mortality of two times the normal. Of course, we all realize that the conditions for cure at the Adirondack sanatoriums are, perhaps, ideal, and very few are pronounced cured by these experts unless they are practically free from all signs of the tubercular infection. There is another class which is interesting because most of us do not consider this particular demonstration of tuberculosis so serious, it is, those who have suffered from tuberculosis of the glands, particularly of the neck (or scrofula of the neck, as it is so often called). The mortality among these cases is as follows: Those who had one attack within ten years gave a mortality of 1.78 per cent; those who had an attack more than ten years previous to insurance, 1.13 per cent. emphasizes the seriousness of the hip or spine, one attack within ten years gave a mortality of 1.90 per cent., and over ten years 1.20 per cent; showing how very fatal tubercular disease involving the glands or the bones is. Many years ago I had the pleasure of meeting Professor Leotard. He was a professor at the Vcterinary College of New York. In a consultation over a very valuable mare-which does not mean that I am a horse-doctor exactly, though I have a great love for animals -he said to me, "Doctor, there is the strangest idea among physicians as to what constitutes a blooded animal. They have an idea that a blooded horse is a particular variety or bread of horses, but the blooded horse is nothing more nor less than an animal which through thirty or forty generations has not had a weakling in its strain. The sire and the dam, every time selected for its good physical

qualities, its endurance, its pluck and courage under hard work." And he said the interesting point is, that if you will slaughter an animal of that sort you will find there is an anatomical basis in the difference in fiber of those animals as compared with those that are poorly bred. He said if you will saw a portion of the thigh-bone of a well-bred horse, it cuts like ivory as compared with the thighbone of a poorly bred horse, whose bones saw like wood; if you cut the muscle of a wellbred animal, it cuts like a bundle of manila rope as compared with the flesh of the poorer bred animal, which cuts like beef. Now, he said, if you take a very handsome, poorly bred horse and put him to work alongsile of the well-bred horse and put him to work alongside of the well-bred animal, driving those animals forty or fifty miles, your poorly bred animal, beautiful as he is compared with the other, is completely exhausted and good for nothing the next day, but the little runt of a well-bred horse is not only good for the next day, it has a good supper, lies down and gets a good rest, and the next day is perfectly good for fifty miles more. In other words, there is an anatomical difference which is produced by that very careful selection. I wish sincerely that we could have that care exercised in the breeding of our men and women. If that could be done we would absolutely wipe out such diseases as tuberculosis, which we begin to recognize at the present time should be classed among the preventable dis-

Dr. Richard C. Newton, Montclair: This exceedingly valuable paper has been read in a boiler shop, you might say. The sound from that foyer comes into this room in such a way that you cannot hear what is being said. I wish to make the suggestion, if we come her again next year, as I understand we are to do, that a screen shall be made of something—ordinary cheap canvas will do—to stretch across that opening during the sessions of the Society. Such a device would shut out most of the talk which no one can prevent, as the ladies will talk. Such a valuable and interesting paper as Dr. Watson's can then be heard. I was sitting right near the reader and could hear only a part of what he said.

There were a good many valuable things hinted at in that paper which we should bear in mind and take home with us and think over. If a man falls down into the depths of consumption, he is never the same man again when you build him up as these statistics prove, so far as they go, but of course we need more statistics. The only way you can get the truth is to take a large enough number of cases, boil them down and get the grain of wheat out of the bushel of figures. I have been told time and again that if a man gets over an infection like consumption, he is a better man for it. Now Dr. Van Wagenen's remarks indicate that he is not so strong a man and most of us are acquainted with men who have gotten over an attack of tuberculosis. They never seem quite the same afterwards.

It is a very important point and therefore Dr. Marcy's suggestion that the younger doctors, and doctors generally, should be more carefully instructed to prevent the first ap-

pearance of tuberculosis are very apropos. Now the question arises, how to prevent this first appearance; how to prevent the man from slipping down until he is too weak to resist the infection. The only rational method of prevention is to preach physical excellence at all times. Instruct everyone to maintain that condition of the body which will enable him to throw off the disease. There is no question about it that the only chance for a man liable to develop consumption is to lead the most healthful life possible. When Dr. Dio Lewis's wife had consumption, they both tramped over the country, going from house to house and in the winter time, when they could not tramp through the snow, Mrs. Lewis sawed wood and the doctor split it. He kept her at work every day until she was cured. That was years ago. Over two hundred years ago Sydenham said that horseback riding was as really a remedy in consumption as mercury was in syphilis.

GLANDULAR TUBERCULOSIS.

By Harold W. Brown, M. D., Jersey City, N. J.

Preventive medicine is making marvelous strides in banishing many of the diseases which in the past have devasted large sections of the civilized world, but its greatest field of accomplishment lies in the prophylaxis of tuberculosis among the masses.

The subject of glandular tuberculosis is intentionally broad, and for the purpose of brevity I shall divide it into anatomic headings embracing (a) the neck, (b) thoracic viscera, and (c the mesenteric lymphatic system. The two topics under these divisions which I want to bring out for discussion have to do with (I) the modes of infection with the tubercle bacillus, and (2) the means at our disposal for prophylaxis. Tuberculosis of the lymphatic system is most common in childhood, but how often the disease lies dormant, to evidence its symptoms in later life, is a somewhat new problem, which is of such vital importance that the consideration of the lymphatic system and its various infections in childhood is a subject which must be more thoroughly comprehended.

These infections with the tubercle bacillus may be either the human or bovine type, and the mode of infection with each should be clearly understood. In a general way we may say that the tissues of the lung and thoracic glands are infected with the human bacillus; the cervical glands by both types, and the mesesteric glands by the bovine bacillus. The inoculation methods of testing tissues for T. B. have been found

far superior to microscopic findings and the latest statistics show positive results in a much larger proportion of the tests than was formerly the case.

Of 29 children under 12 years of age, cultures were made in 12—of these, 8 showed human infection, and 4 the bovine. Of 80 cases of cervical ademitis the bovine bacillus was found in 77 or 88 per cent. and of 8 cases of abdominal T. B., 7 were bovine and 1 human; in the latter case, the father had advanced pulmonary phthisis. Up to the 15th year of life the bronchial glands and lung hilus are most commonly infected with the tubercle bacillus. One author states that it is in the terminal bronchioles. One-quarter of all cases in children are infected by way of the gastro-intestinal tract.

After infection has occured the T. B. process may do one of several things:

1. Calcification may occur;

2. Show necrosis with adhesions and matting of glands with subsequent pus formation may ensue;

3. Sinuses may develop, with extension along lymphatic channels, and by retrograde metastasis, the infection may proceed against the current of the lymphatic stream;

4. Rupture may occur into a vessel, the lymphatic duct, or into one of the serous cavities. The entrance of tubercular material into a vessel or the lymphatic duct is generally productive of active miliary tuberculosis. Many cases of tubercular meningitis have followed a cervical adenitis, which has not been properly cared for. A simple bronchopneumonia after measles or scarlet fever has been known to suddenly develop an acute miliary tuberculosis.

Cervical adenitis of tubercular nature may be either a primary or secondary condition—the latter has been a long-established fact. Tuberculosis of these glands has been denied by many, but recent inoculation experiments have found a majority of the cases to harbor the bovine bacillus (as has been said. 88 per cent.) which would hardly be possible if secondary in nature, from pulmonary lesions,

These glands drain the tissues of the mouth, teeth, nose, pharynx and tonsil, and empty into the right lymphatic duct and thoracic duct. Infection may occur from disease of any of the tissues draining into these glands, or may pass the glands, producing no lesion, and by way of the large lymph channels, infect the mediastinum, bronchial glands or the pleurae. That such is possible is more clearly shown by the

^{*}Read before the Hudson County Medical Society, December 2, 1914.

fact that mesenteric glands or the great lymphatic duct may be infected with the tubercle bacillus and the intestinal tract show absolutely no evidence of the disease.

The lymphatics of the trachea, bronchi and lunghilus, connect with the mediastinum lung, and indirectly with the chest wall and pleurae, often by lymph spaces. Infection of the bronchial nodes may be either primary or secondary—primary by infection from the thoracic duct, or by bacilli passing the lung, producing no lesion; secondary, to infection of the lung, cervical glands, vertebrae, or ribs. Some authorities assert that the entrance of the tubercle bacillus into the lymph spaces in any part of the body may produce tuberculosis of the bronchial nodes.

The thoracic duct is the most important channel by which great numbers of tube cle bacilli are rapidly dissiminated throughout the body, and it therefore is the chief avenue concerned in the production of acute miliary tuberculosis. The duct itself may be the seat of T. B. lesions, or while not infected, may be the pathway for great numbers of bacilli, given off from a tuberculous node, and thus infect the systemic blood channels.

In acute miliary tuberculosis, over 79 per cent. of cases showed involvement of the thoracic duct. Smears from the contents of the duct showed bacilli in all cases in which the mesenteric glands were involved.

The infection of the duct takes place usually from caseous mesenteric or retroperitoneal glands, or from mediastinal glands, although possible through the intestinal wall, without causing lesions in the canalitself. Thus as we speak of the mesenteric system we see that it connects not only with the intestinal tract, liver, parietal and pleural, but with the vascular system in general. Of these systems, the cervical glands are the most easily approached and the general practitioner has to deal with them most often.

From 35 to 58 per cent. of all cases of cervical adenitis are tubercular. By microscopic examination, 3 per cent. of tissues emptying their lymph into these glands are tubercular. By inoculation experiments we find from 16 to 30 per cent. positive. Many times these tissues show no evidence of tuberculosis, but that does not prove them of no consequence as avenues of infection.

The prophylaxis of tuberculosis of cervical glands must deal with the tonsil, Waldeyer's ring, the nasal cavities (with regard to ventilation) and the teeth.

Seventy-five per cent. of cases of tuberculosis of cervical glands can be cured by removal of diseased tonsils and adenoids if timely performed; and many cases of this condition avoided entirely by prompt prophylactic measures of this sort. Pathological conditions of the nose and teeth must also receive the same careful attention.

Tonsil and adenoid operations must be thorough if undertaken at all and a clean, smooth base must be left, consisting of the dense fascia of the superior constrictor of the pharynx. Partial operations do not remove this portal of infection, besides being dangerous on account of subsequent hemorrhage, or the dissemination of tubercle baccilli over a ragged and devitalized mass of tissue.

Differential diagnosis in mesenteric and bronchial glandular disease is very difficult, and I shall not take up this subject as it is one requiring a paper itself. We should, however, be constantly on the alert for these lesions, especially in children and suspect all those cases of mouth-breathers, tonsilitishabitues, pale, anemic subjects, and those who are subject to repeated and frequent "colds."

Infants presenting seborrhoea, ecczema, prurigo, dental caries, or backward development should be examined for enlarged or diseased bronchial glands.

Tubercular lesions in the intestinal canal generally present a diarrhoea, offensive

stools, and insatiable appetite.

Our future work in tuberculosis should be directed along the lines of prophylaxis in the child, and the lymphatic system should receive our closest attention, as it is here, that lesions begin and perhaps, lie dormant for years, only to destroy the individual later in life.

SPINAL ANESTHECINESIA;

A Report of Three Hundred Cases.*

By Martin W. Reddan. M. D., Trenton, N. J.

Dorland defines Anesthecinesia as the "Loss of sensibility and motor power," and a general anesthetic he defines as "One that affects the whole organism." For this reason, anesthecinesia seems to more aptly describe the subject of this paper.

^{*}Read at the meeting of the Atlantic County Medical Society, Atlantic City, November 13, 1914.

In my use of stovain, which is the only drug I have employed, I have noted one curious exception to this definition in a man twenty-five years old, for whom I did a radical cure of inguinal hernia. He, at no time, lost the power to move his legs, yet felt neither pain nor even discomfort during the operation.

In treating the subject of Spinal Anesthecinesia, I will try to handle it from the standpoint of the average general surgeon, (I trust you will not consider me egotistical in the use of the word "average"), operating in the average hospital, under the aver-.

age conditions.

It has always seemed to me that the ideal anesthetic would be one that would produce loss of sensation and motion without loss of consciousness. This, with few exceptions, for all operations below the diaphragm, I believe we have in the spinal method. But Gellhorn (1) very wisely covers the situation when he says: "Lest there be a misunderstanding, let me state emphatically that this is not an argument for abolishing ether inhalation altogether, but a protest against its indiscriminate employment. Neither can it be my purpose to recommend spinal anesthesia as an all-sufficing method of surgical anesthesia for it obviously would be just as bigoted to become wedded to this or, indeed, any other single method and to forget that not our personal predilection, but the needs of the individual case alone must govern our choice of the anesthetic. Babcock (2), who has reported five thousand administrations and is an enthusiastic user of stovain, believes: "For general indiscriminate use, ether remains the standard anesthetic despite its many drawbacks." Bainbridge (3) offers the objection that: "The operator is absolutely committed to the dose whatever it may be," but I think Donaldson(4), strikes the right note when he remarks: ' is safer than ether when it is used by someone who understands it."

When I use stovain, before bringing the patient into the operating room, I see that all preparation for the operation is complete and that the instruments are covered. The syringe and needles have been boiled in filtered water, without the addition of soda, because the slightest trace of alkali precipitates the stovain, and Morrison (5) tells us many cases of failure of stovain to anesthetize, are due to the fact that it was stored in ampoules, the glass of which contained soluble soda as part of its composition. The syringe should be taken from the

warm water so that the stovain, as it is drawn up, may be gently warmed.

The preparation of stovain I use for spinal anesthecinesia is prepared according to Babcock's formula and consists of:

Distilled water enough to make 2 cc. No drugs are given the patient preceding the adminstration of stovain. He is wheeled in and, if able, gets on the operating table himself, allowing his feet and legs to hang down with his elbows on his knees. If he is unable to sit up, he is turned on his side and his shoulders and buttocks bent forward. A six inch space, with the third lumbar vertebrae as a center, is then painted with iodine. The inter-space between the third and fourth lumbar vertebrae is marked with the finger nail, the needle, fitted with its trochar, is inserted. After inserting the needle about an inch, the trochar is withdrawn and the needle cautiously pushed in a sixteenth of an inch at a time,. Jonnesco, as reported by M. Peraire (6), uses one of four places to puncture: between the third and fourth cervical vertebrae, (being careful to avoid the phrenic nerve), for the operation on the head; between first and second dorsal vertebrae for neck operations; between twelfth dorsal and first lumbar vertebrae for the upper part of the body; between fourth and fifth lumbar vertebrae for pelvis and lower limb operations.

In the very great majority of cases, as vou cautiously advance your needle, you will get a little click, perceptible to both touch and hearing; this is followed by the flow of clear spinal fluid and about I cc. of spinal fluid is now drawn into the loaded syringe and the whole slowly injected into the spinal canal and the needle withdrawn. No dressing is applied to the puncture and the patient is at once made to lie on his back or abdomen, according to the field of operation, his eyes covered with a towel, and the foot of the table is elevated about a foot, because the solution is of lower specific gravity than the spinal fluid and we want to keep it away from the medulla.

Anesthecinesia is generally complete in three to seven minutes, the extremes observed by me ranging from a few seconds to twenty minutes. The cutaneous anesthesia generally extends to the nipple line. Surgical anesthecinesia lasts from forty to eighty minutes and the return of motion and sensation varies from fifty minutes to

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four hours, with an average duration of two hours.

During the operation the patient often asks for, and, is given a drink of water. If he is nervous and afraid, he is given a few drops of 25 per cent. alcoholic solution of oil of orange on an inhaler, for its psychic effect. If after fifteen minutes, the anesthecinesia is not sufficient, or if it does not last long enough to complete the operation, ether is given and it is surprising how little is required and how lasting in its effects. In one case in which I did not get surgical anesthecinesia in fifteen minutes and followed it with ether, we got the full effect of the stovain after the operation had been completed and the patient returned to bed.

The patient will sometimes vomit a few mouthfuls of mucus while on the table. after which his general condition is much improved. If the pulse is very slow with low pressure, a dram of aromatic spirits of ammonia is given by mouth and sometimes

strychnia 1/30 hypodermically.

You must not think, however, it all so simple. In three hundred cases of the use, or attempted use, of spinal anesthecinesia, I have had two deaths on the table; one of them a case of dystocia, that had been in violent labor several hours and was brought to the hospital in poor condition after the failure to deliver with forceps; the other a woman 60 years, with fecal vomiting caused by a strangulated hernia of four days duration. Just as the wound was being closed, she vomited a large amount of material which seemed to suffocate her. cases it was necessary to resort to artificial respiration, using a pulmotor in one. In four of my earlier cases I was unable to see spinal fluid, either because of so-called "dry cord" or my inability to get into the canal, most likely the latter. In ten cases it was necessary to use ether because of the failure to produce anesthecinesia, or because of anesthecinesia not being of sufficient duration. One case of tuberculosis of the peritoneum and appendix developed decubitus over both heels and coccyx, and one claims to have a weakness of one leg. As to these sequelæ, Babcock (7) believes: "Late spinal cord degeneration probably does not occur in man, but various cord and nerve lesions may be simulated in the neurotic or hysteric and attributed to the injection."

Where spinal anesthecinesia is successful it is about as near heaven as a surgeon ever gets while operating, (perhaps as near heaven as he will get anyhow). Your patient is conscious and, generally speaking. is in good condition, breathing normally and with good pulse. If it is an abdominal operation, the wall is completely relaxed and the amount of damage done by retractors is reduced to a minumum; while the intestines, after their removal from the field of operation, do not bother you, because they stay where you put them. Your patient has not put in the previous twenty to thirty ininutes fighting the etherizer and orderly, thus using up a lot of valuable energy, to say nothing of the coughing, vomiting and profuse outpouring of mucus to frighten the anesthetist and choke the pa-

In reduction, either open or closed, of fractures of the leg and thigh this complete relaxation is of immense benefit, rendering the reduction comparatively easy. Babcock (7) says: "Against spastic or paralytic ileus it is a most potent agent and its use will often render operative intervention needless."

In one case of gangrenous appendix, with fecal vomiting and obstruction for five days, the bowels moved freely within two minutes of the time of injection of the stovain, and after the operation he went on to complete recovery. Indeed, it is a very common thing to have the bowels move while on the table. If there is anything in Crile's anoci-association, and I for one emphatically believe there is, we certainly have

all the nerve impulses cut off.

Your patient goes back to bed from the operating room feeling good and smilingly greets his friends, who go home from the hospital without the fear that he may not "come out of the ether." There is practically no post operative vomiting and the nurses all tell me that the spinal anesthecinesia cases do not need nearly as much attention as the ether cases. Of course, some patients do not want to know what is going on and insist on ether, while on the other hand, I have had patients ask to be given spinal anestheciensia after seeing the recovery from the anesthetic of one case of ether and one of spinal, or who have had a previous operation under stovain.

Babcock (2) claims that: "The morbidity of spinal analgesia as expressed by nausea, vomiting, headaches, backaches, post operative pains, and albuminuria, is less than from ether."

The range of operations done by me under stovain have included gall bladder cases, partial gastrectomies, gastro-enterostomies, pancreatic abscesses, bowel resection, prostatectomies, nephrectomies and nephro-

tomies, Caesarian operations, hysterectomies, vaginal and abdominal, one of vaginal hysterectomy being a patient 79 years old, who also had a cocoanut sized ovarian cyst with a twisted pedicle and who went home from the hospital sitting up in a carriage nine days from the day of her operation. In one patient I did a dilation, curettement, trachelorrhaphy, hemorrhoids, appendectomy and umbilical hernia and she left the table smiling and proceeded to make a prompt and uncomplicated recovery.

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RECENT DIAGNOSTIC ADVANCES IN PULMONARY TUBERCULOSIS*

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In considering the most recent advances in the diagnosis of pulmonary tuberculosis, it is not my purpose to discuss the more elaborate and refined diagnostic methods, as the utility of the opsonic index, the fixation of the complement, the agglutination test, the cytology of the sputum and other tests of interest and importance to the specialist, but rather bring to your attention a few of the more simple aids. We will discuss only such methods which are of proven worth and, although of great value, are often ignored and generally erroneously supposed to require laboratory facilities and more time than the busy general practitioner can afford to give to his phthisical patient. It is our duty to appreciate that the unquestioned paramount importance of an early diagnosis demands the earnest and careful consideration of every bit of evidence which will shed light on this subject. Careful research and painstaking investigations have emphasized the importance of some of the older methods and are constantly endeavoring to ascertain the exact value of the new.

There is an old diagnostic procedure, first discussed by Kronig in 1889, which is familiar to you all, but probably practiced by few, and yet in early diagnosis the most important sign elicited by percussion; the mapping out of the extent of the areas of apical resonance. This consists of determining the topography of the isthmus, that band of resonance which passes over the shoulder. Light percussion with the tip of the finger laid perpendicularly is used; the head is held in the middle, so as to avoid any muscular strain. Percussion is started well up on the side of the neck and downward until resonance is found, the spot being marked. The inner line of resonance is followed forward until it disappears just external to the sternoclavicular joint. Posteriorly it runs downward over the trapezius muscle to the second dorsal vertebra and then parallel to the spine about half an inch from it. The outer limit of resonance is approached from the shoulder and when found, marked. Its line is downward and slightly outward to about the junction of the inner and outer clavicular third. The posterior external line has been found by Minor to terminate with great regularity at the middle of the spine of the scapula. The breadth of this isthmus of resonance is now measured and found to average 5 cm. and in the healthy adult should not be less than 4 cm. Accuracy is possible up to about onequarter cm. in the healthy and a little more in the diseased. We must remember that we are not dealing with the exact anatomical apex, but with a projection zone of resonance from the underlying lung. scheider's percussatory method will exactly determine the extent of the apex, but it requires a special glass pleximeter and a more carefully trained ear. It is not so generally useful.

In percussing Kronig's area we must carefully note whether the border is clearly defined and easy to map out. If the outline is indistinct or "blurred" as it is called, especially on the inner side, it is a very early sign of pulmonary infiltration and is probably due to a change of tension in the contiguous healthy lung tissue. In many cases a band of impaired resonance often can be ascertained before the zone of clear resonance is reached. After both inner and outer lines are found, the width of the isthmus is measured and compared with the normal and with the opposite side. It is seldom

^{*}Read before the Practitioners' Society of Newark, December 7, 1914.

necessary to determine the entire area, but that can easily be done by drawing lines at the clavicle in front and at the end of the first or second dorsal spines behind. The importance of this method is clearly seen.

(I) The healthy lung shows equally on both sides; (2) Blurring of the inner and, less frequently the outer line, is evidence of early tubercular infiltration; (3) A narrowing of the isthmus shows retraction at the apex, while unilateral widening of the area shows either compensatory alveolar dilatation or an emphysemal area in the upper part of the underlying lobe. It is well to remember that, in a negligible few, apical asymmetry might be due to a slight scoliosis or developmental defects in the apex itself. THE BLOOD.

The study of the blood in the tubercular has been rather disappointing, leukocytic and differential counting is of little practical utility, neither the fixation of complement or the tuberculo-opsonic index are of much value as tests for active tuberculosis, and the determination of tubercle bacilli in the blood is difficult and is not yet on a sound clinical basis. There is, however, one method of investigation which has been sadly neglected and which is of decided worth. a way which can in a measure check up our therapy, help in the diagnosis of a doubtful case, and in many instances accurately determine the prognosis. This was first discovered by Arneth's of Von Leube's clinic while studying the changes in the nuclei of neutrophilic polymorphonuclear leucocytes. He noticed that these cells could be classified according to nuclear divisions into 5 classes and arranged 20 sub-classes according to the shape of each part, but for our purpose the general main divisions clinically sufficient. His normal count from 15 healthy persons gave:

Class I, 5%; Class II, 35%; Class III, 41%; Class IV, 17%; Class V, 2%.

He then observed that this ratio was altered in certain infections diseases, the percentage of cells being augmented in classes I and II and, as the diseases became more severe, the number steadily increased in these divisions and as the patient tendered toward recovery this "dislocation" or "drift" (Verschiebung) to the left became less marked. It seems that the cells with the more complex nuclei are the active efficient cells, while those of Class I and II are perhaps young leukocytes with less resistive power and, as the body calls for the production of antibodies to fight infection, there are more immature leukocytes in the circulation and we get this blood picture.

These nuclear changes form an index of the amount of the toxemia.

ARNETH'S NEUTROPHILIC LEUKOCYTE PICTURE T II III IV V 35% 41% 17% 2% NORMAL CLASS SPUTUM 5% Incipient Cases Positive I Age 19 25 45 2 81 28 23 0 47 0 6.6 50 o 3 20 0 26 24 0 6.6 8 31 0 20 35 36 6.6 Positive 30 3 31 35 Moderately Advanced Cases Positive I Age 42 40 0 37 3 21 **Positive** 32 32 0 3 6.6 17 3 0 35 37 26 4 36 39 18 41 Advanced Cases Positive 58 Age 38 42 0 ο. Positive 30 60 0 0 6.6 3 44 Positive 52 38 2 0 . 4 Positive 14 4 50 46 40 0 6.6 50 17 32 Ι 0 66 0 38 54 17

The above table of Arneth's neutrophilic leukocyte picture in fifteen cases of pulmonary tuberculosis shows clearly the value of this estimation. The number of cells with the nuclei showing no sub-division ranged, in the five cases of incipient tuberculosis, from 18% to 30% while normally we should have but 5% In the four cases of moderately advanced tuberculosis, in the above table, we have the cells of Class I ranging as high as from 32% to 39%. The six advanced cases, all from the wards of St. Michael's Hospital, services of Drs. Lippincott and Long to whom I am indebted for the privilege of using this material, including case 5, one of tubercular meningitis and case 6, one of acute miliary tuberculosis, all showed a pronounced increase in the cells of Class I, in one case ranging as high as 60%. It will be noticed that the same observations are true of Class II and that as the cells increase to the left of this picture, that is in Classes I and II, we get a corresponding decrease in Classses IV and V.

Estimation of the "Arneth" in a given case

may tell us:

(1) A case with suspicious clinical symptoms and vague physical signs showing a dislocation of the Arneth to the left is enough to justify a positive diagnosis.

"The Arneth count tells us whether any absorption of toxins is taking place, and therefore whether the lesion is active or quiesent. A left handed dislocation always indicates toxemia."

(3) "As an aid to Prognosis, the Arneth Count is very valuable. A case with few physical signs presenting a marked dislocation of the count to the left, which does not

improve under treatment, must be looked upon as in grave condition. There is probably a larger amount of mischief than indicated by the physical signs. If the count tends to assume a more right handed appearance, the prognosis becomes more helpful, according to the treatment." (Glover)

THE SPUTUM. Recognizing the value of finding positive sputum in a suspected case, pathologists are no longer content with routinely examining all specimens prepared in the usual way, but have adopted methods of concentrating the bacilli so as to render their identification easier. Loeffler's modification of Uhlenhuth's antiformin method is the one generally used. Its technique is simple; 10 c.c. of sputum are mixed with an equal amount of a 50% solution of antiformin, a mixture of hypochlorite and sodium hydroxide. Boil for a few minutes, shaking constantly. All of the bacteria except the T. B. bacilli and a few acid resisting organisms are now dissolved. Add 10 c.c. of this softened sputum to 1.5 c.c. of a mixture of chloroform 1 part, absolute alcohol 9 parts. Shake the mixture and centrifugate; the film just over the chloroform contains the bacilli if present. Sputum, negative in the ordinary examination, should be always examined in this way before we can determine if the sputum is bacilli free. Its value is especially important and useful in puzzling cases of incipient tuberculosis and in cases that are obscure from a differential diagnostic standpoint.

Another important method is the examination of sputum for albumen. Attention was first called to this by Roger and Valensi in 1899. By this means it can be determined in many instances whether a given sputum is from a tuberculous subject or not. The test has been studied by Castellvi, Gantz, Fishberg, Kauffman, Goodwin, Glover and others. The general consensus of opinion is that the test is of value and deserves clinical consideration. The technique is easy, 10 c.c. of distilled water and 2 c.c. of 30% acetic acid solution are added to 10 c.c. of sputum. The acetic acid should alwavs be added to the watery solution of sputum so as to exclude mucin, nucleo-albumin, phosphoglobulin and nucleo-proteid. The sputum is then filtered and the filtrate tested for serum albumin, preferably by the heat and potassium ferrocvanid test. A very slight response to the reaction should be classed as negative, for as Goodman has shown there may be minute specks of blood, invisible to the eye, which nevertheless

faintly responds to the test, or error according to Glover, due to the presence of epithelial cells from abrasions of the buccal mucous membrane. A personal experience with the test in a comparatively large number of cases would appear to justify the following conclusions:

(1) If the sputum gives a positive reaction we are probably dealing with tuberculosis, provided that we exclude pneumonia, gangrene, pulmonary, oedema, and emphysema with cardiac dilatation.

(2) In a case of bronchial catarrh with a negative result, tuberculosis is very improbable. It was absent in 97% of Castellvi's non-tubercular cases.

(3) In many cases the presence or absence of the reaction will decide between tuberculosis and simple chronic bronchitis.

(4) A negative result is found in cases of healed pulmonary tuberculosis.

(5) In croupous pneumonia it disappears after the crisis, if it continues longer there is a new pneumonia focus, and emphysema, or pulmonary tuberculosis. (Kauffman.)

RADIOGRAPHY.

Let us next consider the value of the X-ray. A word of caution is necessary. "The general practitioner who sees relatively few cases of pulmonary tuberculosis will be apt to find it of little use, and his time would be better spent in a complete mastery of the regular methods, which are so easy and so often slurred over, and which properly carried out are capable of giving him far more assistance than can the X-ray, save in exceptional instances. He who expects to look at an occasional case with it will derive no benefit from it and will soon give it up in disgust, since he will never reach the point where he will see with it easily and clearly or be able to interpret his findings correctly." (Minor). Its value in some cases is unquestioned. In the writer's limited experience he has seen several cases with constitutional symptoms suggestive of phthisis, yet with negative chest signs, show on the plates extensive tubercular involvement. In one little girl, with physical signs normal, no cough or expectoration, morning temperature, negative von Pirquet and positive Widal, diagnosis in doubt, there appeared in the radiographs two well marked cavities; she died of milliary tuberculosis in a few weeks.

Every broadminded expert recognizes that there is a wide margin for error in the interpretation of findings, due to inequalities or faults in technique, the normal hilus shadow of the large vessels and bronchi. calcareous glands, thick pectoral muscles, the inner edge of the scapula, pleural thickening or the thyroid gland being lower than normally. It must always be remembered that only anatomic conditions are revealed by the X-ray, while it is impossible to determine either the degree of activity or the actual lesion present. As Hawes writes, "In adults the fluoroscopic picture of many apparently normal lungs will show certain areas of increased density, certain shadows or striations which the roentgenologist may well and truthfully declare to be evidence of tuberculosis; but neither he nor anyone else can tell whether or not these abnormalities are of recent origin and the cause of present symptoms." Besides in early cases tubercular foci are few, the changes are slight and catarrhal in character, so that the X-ray is necessarily negative.

The earliest sign in the plate is a shadow at the apex and if corroborated by auscultation, the diagnosis is positive, otherwise the case should be judged suspicious and watched. Hamman and Baetjer in a recent paper on roentgen-ray findings in healthy adults state that, "The earliest change occurring at the apices is invasion by fine radiating lines extending from the bronchial trees, subdivisions which become visible only as the result of inflammatory changes. Following this the whole apical region becomes a little cloudy and opaque, probably due in large part to pleural changes. Finally, contraction may occur, which is early evidenced by narrowing of the space between the first and second ribs." Cole and others claim to be able to demonstrate the shadows cast by the actual tubercles themselves. In moderately advanced cases the shadow is more dense at the apex and runs in an oblique line from the outer end of the clavicle to the sternal junction of the second or third rib. It is difficult to decide between large tubercles or fibrosed glands and the shadows formed by the crossing of bronchi and blood vessels. The striations seen on the plates, especially those running from the hilus into the apex, the strands of Sturtz, are thought by some to be due to peribronchial fibrosis, while Cohen and others attribute them to congested pulsating blood vessels. Encapsulated cavities are easily seen with a dark ring of shadow around the clearer interior, unless the shadow cast by dense infiltration or pleural thickening obscures them. Recent disease appears as "soft flecks of shadow." giving a woolly or mottled appearance, while if of the fibroid type there are denser tissue line shadows and even darker, if caseous or calcareous, although with sharper outline.

TUBERCULIN. In conclusion we will briefly consider tuberculin, a subject of controversial interest and general importance with which it is unfortunately impossible to give adequate attention in the limits of this paper. A few facts, however, should be emphasized. In tubtrculin, whose diagnostic administration in its various ways is familiar to you all. whether cutaneously, sub-cutaneously, intradermically or by the specific reactions of Moro and Calmette, we have a delicate, incomparable specific reaction, the utility of which is limited to children under three, for then reaction means active disease. A fallacy that has once posed as the truth and promised much, is hard to kill, and it is extremely difficult to convince many practitioners that a positive von Pirquet or any other tuberculin reaction is comparatively worthless in an older child or adult. This has been proven time and time again, and the array of statistics on this point is convincing. I refer the skeptical to Franz, Beck, Frankel, Hamman, Otten, Walterhofer and especially Riviere who writes, in a recent paper on this subject, "Its utility," referring to the von Pirquet cutaneous reaction, "is confined to the first few years of life, when infection generally spells acdisease, and undiluted tuberculin should be used, since the stronger the solution the more inclusive the test. For the detection of active disease tuberculin has had, so far, only partial success, and that largely because its limitations have not been clearly understood. It would have seemed clearer to most that at any rate the ordinary cutaneous test, which discovers tubercle in about 90 per cent. of healthy 14 year-olds and in nearly all adults, would hardly be claimed as a test of clinical disease." The test in the adult has a decided negative value in a small proportion of cases, as curing a negative result is of very definite value in a small proportion of cases, as selected cases makes the test of decided value and considerable clinical importance.

Before bringing these few observations regarding the diagnostic use of tuberculin to a close, let me call your attention to another element of the sub-cutaneous test which is of distinct value in the diagnosis of phthisis, and I can do no better than to quote again from Riviere's excellent paper: "The negative febrile and the positive focal reaction are our two standbys in tuberculin

diagnosis! The focal reaction shows itself in symptoms-cough and increased expectoration, pain or sense of oppression in the chest, and in the appearance or increase of physical signs, whether to percussion or auscultation or both. Its value is not only that it is truly specific and points clearly to a tuberculous process, but also that it definitely indicates the position of disease in the lung. There is also good evidence to believe that a focal reaction gives evidence of activity, or at any rate of disease which is far from obsolete and may well become active. The frequency of appearance of a focal reaction to injected tuberculin varies enormously with the observer; it needs considerable skill to detect its appearance in some cases; moreover, it is probably not difficult to imagine its presence when attention is concentrated on it."

To the infrequent user of tuberculin, let me conclude with a word or two of warning. Never use the Calmette conjunctival test, blindness or even serious ophthalmitis in one patient might ruin your practice for life, and never give tuberculin subcutaneously diagnostic purposes to a febrile patient, you may change the character of his disease and render the case hopeless.

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Clinical Reports.

Nitrogen in Case of Pernicious Anemia.

Dr. G. R. Minot, Baltimore, in Johns Hopkins Hospital Bulletin, reports a case of pernicious anemia which, showing no improvement for three months, splenectomy was performed, after which the patient's general condition and blood-picture improved. Coincident with this improvement the urobilinogen disappeared from the urine, a more favorable nitrogen balance occurred, and a rise in per cent. of urea nitrogen, which previously had been below normal.

Gummatous Myocarditis.

Dr. F. Harbitz, in Norsk Magazin for Laegevid-enshaben, Christiania, reported the case of a man, aged thirty-eight, who had contracted syphilis fifteen years before, suddenly developed dyspnea and cyanosis and died the fourth day. Necropsy disclosed adherent pericardium and total obstruction by gummas of the superior vena cava for a distance of 1 cm. The lumen was completely obliterated. In this segment and also in the wall of the right auricle and left ventricle there were several guinmatous formations. There were also syphilitic changes in the small branches of the coror ary artery, in the pleura and the adjacent lung tissue. This is the third case of gumma in the myorcardium ever encountered at the Pathological Institute at Christiania. Syphilis, as a direct cause of death, as in this case, is comparatively rare.

Nasal Hemorrhage.

Dr. J. A. Thompson, Cincinnati, in the Laryngoscope, St. Louis, reports a case of hemorrhage in which there were two unusual features. The right inferior turbinate body was all angiomatous tissue and when it started to bleed the hemorrhage could be controlled only by the complete removal of the tumor. The second unusual feature was the method of cure, a submucous resection. The septal cartilage was found to be softened and it was believed that the condition of the cartilage prevented a cure of the inflammation in the overlying mucosa.

Transplantation of Nerve.

Dr. F. Caheu, in Deutsche Med. Woch., Berlin, reported a case in which a gap of 12 cm. was left in the ulnar nerve after removal of a neurofibroma. The patient was a woman of forty-eight, and the gap was bridged with the medical cutaneous nerve of the forearm. It was easily separated from the ulnar nerve in front of the axilary vein, and divided on a level with the peripheral stump of the ulnar nerve. The central stump of the cutaneous was then joined by a perineural suture to the peripheral end of the ulnar nerve. The central end of the ulnar nerve was then sutured to the trunk of the cutaneous nerve. The functional use of the nerve became restored surprisingly soon. By the fifth week the interessei muscles were functioning, and within six months the hand was being used practically normally. Sensation returned on the unar side of the fourth finger. Light pressure on the little finger still causes a slight tingling to run up the forearm.

Specimen of Chinquapin Which Had Been Insufflated Into the Trachea by a Nine-Year-Old Girl.

Dr. R. C. Lynch, New Orleans, reports this case in the New Orleans Medical and Surgical Journal.

The patient was suspended by the Killian apparatus and, under cocain anesthesia, using author's special speculum, the vocal cords were separated and the body was removed in a few minutes.

The child, nine years old, showed marked evidences of dyspnea with beginning cyanosis, the body was impacted just below the vocal cords, and could be seen very nicely when the suspension apparatus was in place.

Cancer of the Ureter.

From a woman of fifty-four, Dr. O. M. Chiari, of Berlin, successfully removed 15 cm. of the left ureter, containing a papillary cancer, the eighth he has found on record. He compares his case with others of cancer of the ureter, the literature showing seventeen cases of primary malignant disease in the ureter. The diagnosis in his case was rendered practically certain by catheterization of the ureter, showing the bleeding obstruction.

Cyst of the Cecum.

Dr. W. G. Ball, at a meeting of the Royal Society of Medicine, London, February 27. 1914, showed a case of cyst of the cecum in a male child, aged three months, causing intestinal obstruction, treated by resection of intestine followed by recovery. A lump could be felt in the right iliac fossa, and a diagnosis of intussusception was made. On opening the abdomen a tensely distended cystic swelling was found attached to the outer, and posterior wall of the cecum. The lower three inches of the ileum, the cecum and its contained cyst, and about two inches of the ascending colon were excised. A lateral anastomosis was made between the colon and the lower end of the ileum, and a Paul's tube tied into the open end of the small intestine. Subsequent operations were required to close the fecal fistula and for acute intestinal obstruction due to adhesions. The cyst contained clear mucoid fluid, and was not connected with the lumen of the bowl.

Broken Glass Catheter Removed from Bladder.

Dr. Forbes Hawkes reported this case at a recent meeting of the N. Y. Academy of Medicine:

The patient had been catheterized, and the catheter on being withdrawn broke and a piece was left in the urethra. The house surgeon attempted to grasp it but broge it into one or two pieces. A No. 12 Kelly's instrument was then passed and the remains of the catheter came into sight, lying transversely in the bladder. The forceps was introduced, and the catheter grapsed and removed. There was no bleeding and the patient had done well.

Perforating Duodenal Ulcer.

Dr. A. A. Matthews, of Spokane, Wash., reported these with other cases, in a paper published in the Northwest Medicine Journal, April 14, 1914.

Case I, September 18, 1908.—C. H., age 26, occupation miner. Family and past history negative, except had noticed a little gastric disturbance in his right side high up when he ate in excess, but this was never so severe as to make him restrict his diet in any manner. The discomfort was so slight that he considered it of no moment. While coming from the mine he was taken with a severe abdominal pain in his upper abdomen and vomited.

Examination revealed temperature 99½°, pulso 100. The abdomen was retracted, board-like and extremely sensitive, most of his tenderness being in his right side, extending from the costal border well down toward the pelvis, which made it suspicious of some appendicular trouble. He was operated upon a few hours after the perforation had happened.

An incision was made over the appendix region, the belly was found full of yellow fluid and the appendix not to be the cause of the trouble, although the same was removed. An opening was then made through the right rectus muscle high up. A small perforation was found in the pylorus about an inch from the stomach which was sutured with two rows of chromic catgut. Drainage was inserted in the pelvis through the appendicular incision.

Patient made an uneventful recovery and was last seen about six months after the operation, having been perfectly well.

Case 2.—A man of 38 years, a teamster, powerfully built and muscular. Family and past

history of no value.

Gives history of having had for some time a gnawing and burning in his stomach but was never so severe as to hinder him from attending his usual work. He never restricted himself as to diet. This annoyance was of such small consequence that he never thought it worth mentioning, but now recalls that he had it off and on for quite a while between meals.

After eating breakfast went out to hitch his team and while doing so was taken with violent lancinating pain through his upper abdomen, the pain being so great that he dropped to the ground and remained there until his neighbors carried him into the house. He vomited two or

three times but no blood. At the hospital I found him in great pain although not as severe as it had been at first, he having had a quarter of a grain of morphin. Respiration was shallow and hurried, his abdomen being held tense and board-like, pulse 80, temperature 98°. Physical examination was negative, except that of his abdomen which was very sensitive and the point of maximum intensity being in the upper right hypo-gastric region.

Incision was made through the right rectus muscle, high up and duodenum examined, in which I found a small perforation about the size of a match stick, through the upper anterior surface of the gut. This was sutured with two rows of linen thread, reinforced by a piece of mesentery. A stab wound was made suprapubically, a tube put down into the pelvis, put to bed in extreme Fowler position with saline

by rectum.

· He made an uneventful recovery, leaving the

hospital in about two weeks.

He was operated upon about three hours after the perforation and would have been an ideal case for gastroenterostomy, but at this time I never considered such in these cases. This patient was perfectly well about one year after the operation.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

December Meeting

(Continued from page 29, January Journal.)

Dr. Henry K. Pancoast,, of Philadelphia, read an interesting and instructive paper on "Things the General Practitioner should know about X-ray Therapy." The X-ray and X-ray therapy, Dr. Pancoast thinks, is still a new branch of medical science which is in a stage of experimentation. It is founded on strictly scientific basis and has a much more important and broader field in therapeutics than it now occupies. He described the effects of X-ray upon tissue, taking up separately the stimulating effect, the inflammatory effect, and then, cell destruction when applied for that particular purpose. Some cells, such as those of the testicle and ovary are particularly affected by the X-ray, and again mild doses or exposure causes recuperative action in healthy cells, while diseased cells are affected by a destructive dose. When actual destruction is desired it is best to use as few doses as possible-one, if the result can be obtained by one exposure.

There are two distinct methods of treatment. Deep and superficial. Either both of these or one alone may be used, or in conjunction with surgery, desiccation, cautery or carbon dioxid snow. All epitheliomata, where metastasis is rapid, as in the lip, should be treated by radical surgery. In any case, and especially in deep growths, the X-ray is oftimes of great benefit if persistent treatments follow the surgical procedure. It is up to the physician to get the best result possible, by selecting the treatment or combination of treatments. Mouth growths, however, never do well with the X-ray, but surgery followed by X-ray radium offers the brightest prognosis. In case of tuberculous adenitis the X-ray has had wonderful results. Of course other measures must be used to take care of the systemic condition, i. e., out door life as far as possible, fresh air, milk, eggs and proper amount of rest. Avenues of infection such as the tonsils and bad teeth should be looked to and corrected.

Deep seated carcinoma should always be operated upon and then a course of post-operative X-ray treatments instituted. In carcinoma of the uterus cross-fire X-ray externally and radium internally is sometimes successful in bringing about great relief, and this especially applies where for some reason operation is contraindicated. Uterine fibroids and other causes of uterine hemorrhage may be helped by X-ray therapy, but it should always be born in mind that an artificial menopause, either temporary or permanent, is likely to result

Leukemia is a condition now treated by the X-ray with favorable resuts. were at first made to the region directly over the spleen but later it was found that by making the application to the long bones with the idea of getting at the bone marrow, even better results were obtained. There is no proof, however, that a cure has been brought about with this treatment. Acute lymphatic leukemia should never be treated by the X-ray as one ex* posure may kill the patient. Enlarged thymus and ex-opthalmic goitre have been greatly benefittted by X-ray therapy. In the latter, little attention is paid to whether or not the tumor decreases in size, the object being to check the hyperthyroidism.

The scientific program was closed by Dr. A. A. Uhle, of Philadelphia, who spoke on "Things the General Practitioner should know about

Genito-Urinary Surgery."

Dr. Uhle spoke first concering the improvement in genito-urinary instrumentation and the advantage the cystoscope has given the profession as an aid to correct diagnosis. Before the advent of the cystoscope diagnosis had to be made by symptoms alone. These symptoms were often indefinite and hence the diagnosis often wrong, while with the cystoscope a definite diagnosis can always be made. cystoscope dates back as far as the invention of the electric bulb. The instrument at that time, however, was long and cumbersome and on more than one occasion the bladder wall was severly burned by the intense heat radiating from the bulb. The perfection of the instrument has done away with all danger of this kind, and not only may the urinary bladder be thoroughly exposed, but also the whole extent of the urethra, and by added appliances the urinary tract may be readily operated upon, cauterized and functional kidney tests accomplished.

In speaking of pyuria, Dr. Uhle said, "The turbidity of the urine should first be taken into consideration. If due to phosphates, acetic acid will clear it up. If urates, dissolves on heating. If pus and bacteria, the microscope will tell. Whenever the quanity of albumen is above one per cent., the kidney is the seat of the trouble. If the urine is highly acid and contains pus, suspect tuberculosis, although it may be a colon bacillus infection. If there is a marked pyuria, puss, albumen, plus marked acidity, suspect tuberculous kidner. The three

glass tests is most important in determining seat of trouble as the symptomatology is very often referable to other parts. This is one reason why instrumentation is so important in diagnosis. First determine the source of the pus and then the exact seat of the lesion. This can usually be done with the cystoscope. No general anaesthetic is needed in introducing the cystoscope although in some cases it is well to use a 2 per cent. solution of novocain in the urethra.

The X-ray is very useful in diagnosing stone in any part of the urinary canal. If anywhere between the bladder and the kidney, argyrol or cargentos solution may be injected into the ureters and a picture taken. Dr. Uhle especially advises allowing gravity alone to fill the ureters with the solution as the force of an injection is sometimes very dangerous. This process is called "Pyolography." In catheterizing the ureters, the way the urine comes from the catheters will sometimes aid in the diagnosis, that is, whether a gush or a dribble, the total quanity etc.

There are very few cases however in which the diagnosis cannot be made without pyolography. Under the head of haematuria Dr. Uhle urges an investigation of every case in which there is any blood in the urine. Cases showing blood at the beginning of urination usually have the hemorrhage in the urethra. Large quantities of blood at the end of urination point to a bladder condition. Always determine the source of the hemorrhage. If you are satisfied that there is trouble in the kidney and your diagnosis warrants the removal of that organ first ascertain the condition of the kidney by one of the functional kidney tests. Never remove a kidney without knowing all about the other one.

Dr. Uhle then discussed briefly the genitourinary neurasthenics, branding them as difficult cases to treat, but emphasizing the fact that a thorough investigation of each case should be made, including examination of the prostatic secretion under the microscope. Such a procedure may reveal a real reason for the numerous radiating pains and other vague symptoms complained of by these patients. Often there is a cronic prostatitis and with systematic massage, which should be firm and of short duration, the patient may be greatly benefited. The cases which come to you complaining of nocturnal pollutions, depression and weakness, all have trouble in the deep urethra.

Dr. Uhle concluded his talk by referring to syphilis, urging the selection of the properly trained laboratory man to do the Wassermann test, and declaring that a negative Wassermann is by no means definite. The Noguchi test is more delicate, being positive in 67 per cent. of cases, while the Wassermann is positive in only 40 per cent. He refered to cerebro-spinal syphilis, making mention of the cell count and globulin test in examination of the cerebrospinal fluid, and praising the work done with salvarsanized serum after the method of Swift and Ellis, 750 cases of which have been under observation at the Jefferson Medical College Hospital with gratifying results. In treating syphilis with mercury a cure may be effected especially where it is given hypodermically, but it will take a long time. If a case is seen early, say within five days, and salvarsan is given, the

local focus of infection is removed, the patient will in all probability be cured. The earlier the case is seen the better chance there is for cure. It must be remembered that a negative Wassermann does not mean a cure, but the reaction must be negative and remain so.

The papers of Drs. McGlinn and Beates were discussed by Drs. Stewart, Stern, Barbash, E. Marvel and Lee. Dr. Pancoast's paper was discussed by Drs. Westcott and Frisch.

The name of Dr. Zelle, of Scullville, was presented for membership and was referred to the board of censors.

The committee on "Nurses' Registry" reported that the nurses of the city had taken a house at 1512 Pacific avenue, where an official nurses' register would be kept with some one in charge at all times. A communication from Mr. H. H. Deakyne, who had always kept the nurses' register at his store, was read in which he stated that he would continue with his directory as it is until he was satisfied that the new one is in good working order.

one is in good working order.

The committee on "Outing" reported that the contemplated trip to visit the Home for Epileptics, at Skillman, N. J., would have to be indefinitely postponed because of sickness in the institution.

On motion of Dr. Chew a vote of thanks was extended to the speakers of the evening.

Annual Meeting, January.

The annual business meeting and banquet of the Atlantic County Medical Society was held at the Hotel Chelsea, Atlantic City, Friday, January 8th, at 12 o'clock noon.

The following members attended: Drs. Andrews, Berner, Burt Bullock, Barbash, Bartlett, Chew, Conaway, Cairington, Clark, Charlton, Darnall, Dunlap, Davis, Frisch, Fox. Guion, Garrabrant, E. H. Harvey, H. T. Harvey, Ireland, Joy, Jonah, Lawrence, Lutz, Levy, Madden, Marvel, Martin, Marshall, Poland, Porteous, Pollard, Ritter, Rulon, Stewart, Stern, Snowball, Schmidt, Scanlan, Shivers and Wright.

The annual report of the secretary and treasurer was read by Dr. Guion and was voted received by the society.

The Library Committee reported that many new books had been added to the medical library during the year and that they were very well pleased with the growing tendency of the society members to consult this well-selected and extensive library of medical literature and periodicals.

The committee on Nurses Directory reported a surplus of \$72 in the treasury. It was voted that a committee be appointed to investigate the new nurses directory, working in conjunction with the nurses committee and as soon as the new directory became firmly established they should turn this money over to the nurses in charge.

The Board of Censors reported favorably on the name of Dr. Holt, who was elected to active membership.

Under "New Business" the following officers and delegates were elected:—

President—Dr. Samuel Barbash, Atlantic City.

Vice-President—Dr. William Martin, Atlantic City.

Secretary. and treasurer—Dr. Edward Guion, Atlantic City.

Reporter-Dr. Byron G. Davis, Atlantic City. Permanent delegates to State Society—Drs. W. P. Conaway, E. H. Harvey, David Berner, the last named in event the membership reaches 90 before June.

Annual delegates-Drs. Milton Ireland, C.

C. Charlton, and W. H. Schmidt.

Alternates to annual delegates-Drs. Clarence Garrabrant, Thomas Dunlop, and H. T.

Dr Walter Reynolds was elected a member of the Board of Censors to succeed himself.

A vote of thanks was tendered to the retiring president, Dr. Conaway for the magnificent way he handled the society during his two terms in office.

The society then adjourned to the grill room where an elegant banquet was served.

BERGEN COUNTY.

Fred S. Hallett, M. D., Secretary

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, January 12. at 8.15 P. M. The president, Dr. Freeland, occupied the chair. Fourteen members were prescut.

The Scientific Committee presented the fol-

lowing program:

Dr. Weddell C. Phillips, N. Y. City, "Conscrvation of the Hearing Functions;" Dr. Floyd M. Crandall, N. Y. City, "Heredity as influenced by the Developmental Periods of Life;"

The papers were listened to with much interest and were discussed by several of the members. Dr. Crandall has promised a copy of his paper for publication in the Journal.

The following applicants were elected to membership: Dr. Harry G. Macdonald, Hackensack, and Dr. Chester B. King, Oradell.

The resignation of Dr. W. C. Williams, Rutherford, was accepted.

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The 85th annual meeting of the Burlington County Medical Society was held at the Arcade Hotel, Mt. Holly, on Wednesday, January 13th. 1915. After the transaction of routine business the following officers and delegates elected:

President, Ephraim R. Mulford; vice-president, George E. Harbert; secretary and treasurer, George T. Tracy; censor, Joseph Stokes; reporter, D. F. Remer; chairmen: Medical Section, M. W. Newcombe; surgical section, James MacFarland; Diseases of Women and Children, L. B. Hollingshead; Delegates, to the State Society, N. W. Bauer, D. H. B. Ulmer; alternates. G. A. Jennings, J. J. Flynn; to Camden County, R. F. MacFarland, J. B. Wintersteen; Glouces-ter County, Clifford Haines, J. E. Dubell; Salem County, J. E. Dubell.

Dr. C. D. Mendenhall, Bordentown, as the retiring president, then read a paper on "The Advances of Medicine. Particuarly in the Use of Vaccines." The paper was well prepared and was enjoyed by all the members present.

Meeting Held January 20, 1915.

A special meeting of the society was held at Mt. Holly, January 20th, at 12 o'clock noon, to nominate a permanent delegate to the State Society to succeed the late Dr. W. P. Melcher.

Dr. Marcus W. Newcombe, of Browns Mills,

was nominated.

This being the year for nomination of permanent delegates by the county societies and the increase in membership of the Burlington County Society, entitles it to one more permanent delegate—the society proceeded to nominate, when Dr. George T. Tracy, of Beverly, was nominated and selected as such permanent delegate.

CUMBERLAND COUNTY

Elton S. Corson, M. D., Reporter.

The semi-annual meeting of the Cumberland County Medical Society was held yesterday at City Hotel. President Spence presided. A report of the committee to attend the trial of Dr. Kirk was given and the committee was continued.

A report of the bill recently passed by Congress requiring the registration of doctors and druggists and reporting the dispensary of all habit forming drugs, except in an emergency, was discussed.

Dr. Arley Munson was elected as a member of the society by letter from the Moninouth

County Society.

Dr. H. J. F. Wallhauser, of Newark, gave a lecturc illustrated by lantern slides on Eczema. He gave the various classifications with treat-He emphasized the necessity of the public being educated as to the intractable treatment of many forms and not conclude too hastily as to the merits of any line of treat-Many forms are contagious, being of gerin origin and care should be exercised not to come in contact with them.

The lecture was a classic and the Society felt greatly indebted to Dr. Wallhauser for coming so far to address its members. general discussion of the paper was indulged in and much mutual benefit was received from the idea presented. Parts of the program were omitted until the next meeting in April at the Weatherby House, Millville.

Dr. Fitch, of Daretown, represented the

Salem County Society.

A generous repast was served by Mine Host Cresswell.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D. Reporter.

The Essex County Medical Society met in combined scientific and business session Monday evening, January 11th, at the rooms of the Board of Trade. Professor Frank H. Sommer, L. L. D., made an address on "The Law and the Doctor." His topic was limited to the "responsibility of the doctor, the assistant, the nurse and the hospital," but further topics of "recent changes in the liability law" and the "illegal practitioner" were not reached, though listed for consideration, from lack of time. He said: The doctor is put by the law in that group (b) of citizens who, when called upon to serve, may choose whether to respond or not and is not compelled to answer the call; the other group (a), referred to, is that which includes such as inn keepers, upon whom the law imposes an obligation to serve, when asked, for reasonable compensation. However, and in face of this immunity from imposed obligation, the ethics of the medical profession is such a factor practically that a self-imposed duty to respond arises, and then, the call being

answered, an obligation to serve begins. This duty is the same whether the service be paid for or not. The obligation implies the use of skill (a) of such an ordinary degree as the learning and skill of similar communities provides; this applies for general practice, but for a specialty the practitioner is held (b) for such peculiar skill as a specialist in that particular line is usually credited with. The use of "reasonable care" is demanded, this in enquiring and examining for diagnosis, in treatment, and in following to termination. The use of any experiment in treatment suggests the question of skill and care applied. As to schools in medicine, the law recognizes their existence but they are hard to define. On common sense in the layman, he showed by his experience in defending a doctor in a case of fracture of the leg where the patient walked on it prematurely, that the law does not imply any common sense in the patient, but he must be told everything necessary for his instruction by the doctor. Regarding error of judgment, this is not considered lack of care. On responsibility of doctor for assistants and nurse he touched briefly, showing there were both joint and divided responsibilities. Operations require the consent of the patient. This permission being granted and the patient being under the power of an anaesthetic further permission to change the procedure is not required, as the subsequent needs as revealed may be left to the judgment of the surgeon which has already been allowed. The consent of the husband of the patient is a subject still under adjudication but the drift of decisions is in the direction of its being needed. A child of, say seventeen years might grant it for himself. The surgeon's judgment during an operation is given liberty necessarily in the present age anaesthesia not formerly allowed. obligation of patient for surgeon's compensation, when consent under the anaesthesia is of course impossible, though not in the contract is yet implied by law in general. Some questions were asked him on the conclusion of his address, in answer to which among other things he replied that the new limitation of compensation to \$50 the first two weeks is admittedly in the interest of the employee, not particularly of the doctor; that an evil complained of, a corporation's physician referring a case to another doctor who could not collect from the corporation, as also another evil, the hospital or dispensary doing what a doctor should be left to do, were matters that lay at the door of the medical profession, not the law, to remedy. The patient is primarily responsible to the doctor. In the business meeting every standing committee was called upon for a report, as the president had in a former meeting announced would be the rule at every regular meeting. A very important report was that of the committee on milk submitted by Dr. Coit, chairman, who stated that the investigations by the Medical Milk Commission of the problems arising out of the attempts to furnish a milk from a herd free from tuberculosis would stop at nothing to make their work complete and maintain the confidence of the public in certified milk as the best possible product obtainable and perfectly trustworthy. It was with this purpose that the Milk Commission had temporarily Medical withheld their usual certificate from the dairy, pending a special series of tuberculin tests of the entire herd. Furthermore, to prove the conduct of the tests to be of the very highest scientific attainment they had secured veterinarians of the highest standing to conduct it. even the following three, all deans of their respective veterinary colleges in the universities. mention of which is enough to show the sincere purpose of the commission, Dean V. A. Moore, of Cornell University; Dean D. S. White, of the Ohio State University and Dean L. A. Kline, of the University of Pennsylvania. Those as a special expert committee will make complete tests of the entire herd and submit their report and opinions in due time. The Committee on Scientific Meetings reported the coming (February 17th) of Professor M. G. Schlapp, of New York, to speak on Mental Deficiency. The Committee on Care of the Insane and Feeble-Minded reported having had a conference with the county counsel, also with Dr. Evans, of Morris Plains, regarding the new plans to facilitate commitment of patients without the present injurious and cumbersome methods, one factor in which is to put the city ambulance at the service of any qualified physician for conveying a case of Insanity duly examined and having papers properly prepared, to the suitable institution; also, that changes in the commitment law were contemplated. A resolution was passed requesting the insane asylum managers to consider better facilities for admitting alcohol and drug addiction cases. The Committee in Sex Hygiene was merged into the Public Health Education Committee. One member was received by transfer from the Passaic County Society, Dr. John Van Ness, of Newark. The following ten new members were elected:

Drs. William F. Beggs and Sara D. Smalley, Newark; Drs. Frank Caulkins Bunn, Arthur E. Smyth and Austin B. Thompson, Orange; Drs. Winifred D. Banks and Paul Livingston, East Orange; Dr. George C. Albee, South Orange; Dr. A. Vander Veer Simmons, Irvington; Dr. George B. Verbeck, Caldwell.

The County Society has entered upon a campaign to get results in several matters, long worked at with more or less determination, one of which is to constrain all unaffiliated licensed M. D.'s in the county to join the society, for which there are put forth ample arguments for both personal and joint benefit. The president and secretary have issued a circular of which the following is a copy:

"It is the wish of the president to make the Essex County Medical Society of more use to its members, and to the entire profession of the county. To make the individual members feel that it is a clearing house to which they may bring for discussion, and perhaps adjudication, matters affecting their welfare in any of its various relations to one another, to the State, to the County, to the municipality, or to the public.

"The Council meets one week before each meeting of the Society, which usually means about the first of each month. Special meetings will be gladly called if necessary. Any member will be given a hearing by the Council. A note to the secretary, whose address is below, will bring any matters to the immediate attention of the president. In line with the preceding thought it is the wish of

the president to have a report of the standing

committees at each meeting.

"It is suggested that each member constitute himself an unofficial member of the committee on new members. The secretary is the chairman of this committee. If every member would look after the unaffiliated of his acquaintance such a problem would not exist. It is the wish of the president that the chairmen of committees feel at liberty to attend the Council meeting whenever they feel that the Council may aid them in the work of their committee.

Any suggestion in line of making the Society of more practical benefit to its members

will be welcomed.

Carl E. Sutphen, M. D., President; Ralph H.

Hunt, M. D., Secretary."

(It may also be added that the secretary has received a letter from Dr. Craig, secretary of the American Medical Association, commending him for a most excellent reply to a circular of the A. M. A. enquiring about county society activities.)

The Essex County Pathological and Anatomical Society held a regular monthly meeting on Thursday, January 14th, offering the following program, in which there was manifested the usual keen scientific interest by those

present:

Cases: Sudden Death, Drs. Beling and Martland; Ureteral Dilatation from Obstruction without Impairment of Pelvis, Dr. E. A. Ill; Strangulated Inguinal Hernia, Dr. Hagerty; Perinephritic Abscess, Dr. Cook; Chronic Noncaseating Lymph Node, Tuberculosis, Drs. Van Ness and Martland. Specimens: Malignant Tumor, Femur, Drs. Robertson and Martland; Carcinoma Ovary, Drs. Harden and Gray; Congenital Cystic Kidney with Pyonephrosis, Dr. E. A. Ill; From St. Michael's Hospital; Parovarian Cyst; Intraligamentous Fibromyoma; Fibromyoma with Teratoma Ovary; Ac. Unilateral Sup. Nephritis (Child), Dr. J. W. Gray. Paper: (a) The Classification of Benign and Malignant Ovarian Cysts; (b) How the Clincian Should Use and Interpret the Wassermann Reaction, Dr. Martland; Demonstration of Pathological Material from City Hospital, Dr. Mart-

A scientific meeting of rare excellence in the ability of the speaker and the value of the matter in his address, was that of the Academy of Medicine on January 20th when Dr. J. Whitridge Williams, Dean and Professor of Obstetrics, Johns Hopkins University, Baltimore, read a paper on "Premature Separation of the Placenta" in which, differentiating the conditions, he described "Concealed Uterine Hemorrhage" from a case of his, which afforded full opportunity for study of the clincal and pathological findings in a disease of uncommon occurrence and great importance. His lucid account of symptoms and clinical course up to and through operation were enhanced by admirable colored charts showing the uterus not hard and pale but soft and infiltrated with blood throughout the muscular wall and extensively through one broad ligament with, however, the area around the uterine cavity remarkably free from this and the cavity holding no blood, while the amnionic fluid also was not bloody but normal. The miscroscopical examination showed hemorrhages throughout the muscle and toward the

affected broad ligament. He reviewed the history in the literature, of the condition, of which his is the seventeenth, the first reported having been in 1894. Drs. Dickinson, F. D. Gray, Martine, E. J. Ill and Rosenkranz took part in the discussion.

The Section on Pediatrics met Thursday, January 7th. Raymond A. Albray, D. D. S., read a paper on "Some Causes of Malocclusion," which has been forwarded to the Journal for publication. Charles A. Spahn, D. D. S., led the discussion and all present appreciated the importance, in childhood, of the subject, not only as a study of facial deformity, which is often only the one sign a parent sees, but of deranged physiology of digestion as seen by the physician.

The Section on Medicine had on Tuesday. January, 12th a symposium on Malingering by Drs. E. D. Newman, Wm. Hicks, H. H. Satchwell and T. N. Gray.

The Section on Eye, Ear, Nose and Throat met Monday, January 25, to hear a paper by Dr. Samuel McCullagh, of New York, on "Treatment of Ethmoiditis," which was well received. The following cases were reported: Palato-pharyngeal adhesions, Dr. R. H. Rogers; spindlecelled sarcoma of naso-pharynx, Dr. H. B. Orton; dental neuralgia, Dr. T. W. Corwin; spontaneous perforation of cornea n acute glaucoma, Dr. T. Y. Sutphen. This section held another good meeting on December 28, at which Dr. Edward L. Bull, of New York, read a paper on "Diagnosis" and Dr. F. C. Jacobson one on "Treatment of Trachoma."

The Wm Pierson Medical Library Association, Orange, entertained Dr. Geo. E. de Schweinitz. of Philadelphia, on January 19, who lectured most interestingly on the history of the de-

velopment of ophthalmic science.

TRI-COUNTY SOCIETY

George E. Reading, M. D., Secretary The regular meeting of the Tri-County Medical Society of South Jersey was held January 26th, at Hotel Paul.

This meeting was a memorable one as all of the members of the district societies of Cape May, Cumberland, Salem and Gloucester counties were invited to be present as the joint guests of the Tri-County Society and Dr. Frank D. Gray, president of the Medical Society of New Jersey, and large delegations from each society were present. Dr. E. J. G. Beardsley, of Jefferson Medical College, addressed the meeting upon the subject of "Efficiency in the Practice of Medicine," and was followed by Dr. Gray, who spoke upon "Medical Economics."

Both addresses were exceedingly good and were heartily aplauded by the assembled doctors. After the business meeting was concluded, all enjoyed one of the dinners for which the Hotel Paul is famous.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The fourth regular meeting of the Hudson County Medical Society was held on Tuesday evening, January 5th, 1915, at the Hof Brau Haus.

The usual regular business was transacted.

The paper of the evening on "Tobacco and Its Ulterior Effects," was presented by Dr. Harlow Brooks, of New York City. The paper was exhaustive and proved of great interest to

those present.

he had finished.

The annual dinner of the society took place on the evening of January 14th, 1915, in the rose room of the Hof Brau Haus. In addition to being the annual banquet, the dinner was given in honor of Dr. F. D. Gray, who has been accorded the highest honor in the gift of the medical societies of the State in that he was recently elected as president of the State Society.

Dr. G. K. Dickinson, president of the Hudson County Medical Society was the toastmaster, which position he admirably filled, introducing each of the speakers with his customary fitting word and jest, waxing eloquent as he dwelt on the possibilities of well doing which were open to members of the medical profes-He called upon Dr. Henry Spence, to whom was delegated the tendering of a silver loving cup to Dr. Gray as a mark of the high esteem and appreciation in which the members of the society hold him. Dr. Spence made a very eloquent speech, and said that it had been his privilege to nominate Dr. Gray for the exalted position he now holds. He referred in com-plimentary terms to the work which Dr. Gray has done not only for the city, but for the State, and spoke of the many qualifications Dr. Gray possessed for carrying on the work.

Dr. Gray who had been greatly embarassed during the eulogy of Dr. Spence, and upon whose noble countenance a deep blush was perceptible, arose to thank Dr. Spence, amid loud and prolonged applause. He thanked the society for the honors they were thrusting upon him, but owing to his modesty and embarassment spoke for only fifteen minutes—the only time on record when he has not talked for at least twice that time when he had the floor. We trust later to publish his remarks in full. There was not a dry eye when

The next speaker was the Rev. Dr. George D. Hadley, rector of St. John's P. E. Church. who was facing a congregation of doctorssomething he had never before done. In fact he almost preferred to face burglars and typhoid fever than address such a gathering. In a most entertaining way he told several post-prandial stories, which were listened to with much pleasure. Then he considered the medical profession seriously, extolled the members thereof, and endeavored to show them that their influence for good was even paramount to that of the clergy. Every one present seemed to agree with his remarks that very few of the profession have any ulterior motives in the untiring efforts to promote the health, wealth and prosperity of the community. In this respect he thought them somewhat superior to the members of the bar.

Former Judge Robert Carey deplored the fact that he had not studied medicine Instead of law, as all the worldly goods he possessed was a cottage—a little cottage—covered (In the words of Dr. Hadley)—with a mortgage—a blanket mortgage—and not with vines. He felt that while the lawyers were not all as philanthropic as the doctors, nevertheless much might be accomplished if the law was rightly directed. He assured the physicians that they might have what they wanted from the courts and the Legislature, did they but band together and demand what was right and for the public good. He considered that with-

out the aid of the doctors the Panama Canal would never have been built.

Prof. H. A. Hare, M. D., of Philadelphia, then addressed the audience, calling attention to the great need of thoroughness in the work of the doctor, and the great difference it made in one's attitude to things when they were profoundedly interested. He impressed upon those present the importance of investigation and research, together with the habit of close observation.

The guests at the banquet were: The guest of honor, Dr. F. D. Gray, of Jersey City; Prof. H. A. Hare, of Philadelphia; Rev. Geo. D. Hadley, Hon. Robert Carey, Dr. David C. Eng-lish, editor State Journal, New Brunswick; Dr. T. N. Gray, State secretary; Jos. A. Dear, editor Jersey City Journal; Mr. Davidson, associate editor Hudson Observer; Dr. H. Boldt, New York City; Dr. Chas. Ill, Newark; Dr. J. C. McCoy, Paterson; Dr. Robert M. Curts, Paterson; Dr. H. B. Costill, Trenton; Dr. Jas. Hunter, Jr., Westville; E. I. Edwards, State Comptroller; Dr. Britton D. Evans, Morris Plains; Jos. E. Bernstein and Warden Jas. McKee, of Jersey City; M. Harrison, superintendent Jersey City Hospital; Dr. F. H. Edsall, superintendent Bureau of Health; Ernest H. Rowe, executive secretary Jersey City Chamber of Commerce; Thos. J. Stewart, president Board City Hospital Trustees; Henry W. Runyon, Theo. F. Merseles, John F. Boyle, Col. J. Hollis Wells, Mayor Mark M. Fagan, Commissioner Frank Hague. Commissioner Geo. Brensing-Wm. McLaughlin.

The number of physicians and distinquished men present, the general feeling of good fellowship and the desire to honor Dr. F. D. Gray, together with the brilliant speeches served to characterize the banquet as the greatest affair of its kind in the annals of the Hudson County Medical Society.

MERCER COUNTY.

Samuel Sica, M. D., Reporter.

The regular meeting of the Mercer County Component Medical Society was held in the Council Chamber at the City Hall, on January 5th, 1915, President Walter A. Taylor presiding.

Dr. Taylor appointed Drs. Moore, Costill, and Reddan on the program committee, and Drs. Sheppard, Craythorn, McGuire and Scammel as the membership committee.

Dr. Sheppard reminded us of our dues and also read the State Secretary's letter to him concerning the same.

Dr. G. N. J. Sommer read a very interesting and instructive paper before the society on "The Indications for Induction of Premature Labor and Elective Caesarean Section." He told of how the high morbidity of the mother and the high mortality of the infant was due to the fact that the majority of patients cannot properly compensate the physician for his time and work, therefore they fall back on incompetent women who infect their patients and permit prolonged labors. He spoke of the necessity of teaching the mother the early signs of pregnancy and of labor.

Among the causes for the induction of labor he spoke of the contracted pelves. history of previous deaths of the infant during labor, and the prominence of the sacrum. He told of its indication when primipara pregnancy has gone beyond the normal period of gestation. He spoke of cases of eclampsia, of placenta previa, and of heart and lung diseases, ag-

gravated as pregnancy progresses.

His method of choice for the induction of labor is by the use of bougies, by which method labor is induced in from one to twenty-four hours, two flexible bougies from twenty to forty French which have previously been sterilized by soaking in cold carbolic solution for one-half hour, are used; the patient need not remain in bed, labor terminates normally or by forceps.

On the indication for elective Caesarean Section, he spoke of the cases that were complicated, tumors of the birth canal, of central placenta previa, with a rigid cervix and of eclampsia with unyielding cervix. Spinal anaesthesia is the anaesthetic of choice. First because it diminshes shock; second, it has no

effect on the excretory organs.

His technic of operation is by the supraumbilical incision, the uterus is surrounded by gauze pack and then opened intra-abdominally, the child is delivered, the placenta removed, and the uterus closed by two rows of sutures, the patient is given a hypodermic of pituitrin, 1 c.c., the gauze pack removed, then the abdominal incision is closed by the usual method.

The discussion that followed favored the thought that it was not so much the fault of the physician that the patients suffer with these complications, as it is that the patients

do not follow the instructions.

Dr. Taylor announced that at the next meeting Drs. Moore and L. Rogers would report on the subject, "Renal and Cardiac Vascular Changes with Demonstrations of Method of Taking Blood Pressure." Adjourned.

(The reporter sends a brief obituary notice of Dr. Richard R. Rogers who died January 14th, 1915, which will be found on page —.

-Editor.

MIDDLESEX COUNTY.

Anthony Gruessner, M. D., Reporter.

The Middlesex County Medical Society held its monthly scientific meeting on December 16, 1914, at the Raritan Yacht Club, Perth Amboy, N. J.

Dr. M. S. Meinzer, the president of the society, presented three cases. The first was a specimen consisting of a spleen removed by an operation five days before, from a patient at Perth Amboy City Hospital. The fact that proper diagnosis could not be made before operation on account of the misleading symptoms, was of special interest and the discussion that followed was very instructive. Dr. F. M. Donohue, of New Brunswick, brought out some very interesting points in the diagnosis of splenic enlargements as compared with kidney affections. Drs. Gutmann, Sophian, Meinzer, Fithian and Henry also spoke on the subject with good judgment.

The next case was that of an ununited fracture of the humerus in which two open operations had been performed with poor results. Drs. Lund, Tyrrell, Meinzer, Gutmann and Donohue discussed the case, and it was decided that bone transplantation from the tibia

would give decided benefit.

The next case presented was that of a man three weeks after a fall, who, in the interval, was apparently well; later run a temperature and showed symptoms of pneumonia. He was examined by Drs. Smith, Riva and Schureman, who found evidences of pleural effusion and advised aspiration to ascertain the contents as to whether it is pus or serum. A very interesting paper on "Twilight Sleep" was read by Dr. Benj. Gutmann and discussed by Drs. Donohue, English, Gross, Sophian and others. Opinions were conflicting, but all agreed to the disadvisability of its promiscuous use in private practice, as some one competent, preferably a physician, should be constantly present while the patient is under the influence of the drug.

The members present were Drs. Meinzer, English, Donohue, Silk, Fithian, Henry, Sophian, Lund, Riva, McCormick, Gross, Gutmann, Smith, Schureman, Brown, Weber, Shull, Tyrrell, Wilson, Meacham, Lippincott and

Gruessner.

January, 1915, Meeting.

The Middlessex ('ounty Medical Society held its monthly scientific meeting at the reception hall of The St. Peter's Hospital Nurses' Home on January 20th, 1915.

Owing to the absence of the president, Dr. Meinzer, of Perth Amboy, Dr. F. M. Donohue

of New Brunswick presided.

The first business was the consideration of an amendment to the constitution of the Society, providing for monthly instead of quarterly meetings. There was considerable discussion in which every member participated. Dr. Donohue asked each member for his opinion upon the subject. There were differences of opinion and a good many favored a local scientific society, but after Dr. Donohue's weighty argument all agreed to the changing of the County Society meetings from quarterly to monthly. A program committee was appointed consisting of Drs. D. C. English, A. L. Smith and A. Sophian.

Dr. F. M. Hoffman of New Brunswick read an interesting paper on "Intubation of Laryngeal Diphtheria, Past, Present and Future." showing new improved tubes that cannot be coughed up and some that reach down the trachea to its bifurcation. He explained the method of their application and showed the different tubes used. He also presented some cases. Dr. Gruessner's discussion on the importance of knowing the indications as to when to intubate, followed, Dr. Smith, Riva, Schureman, Sophian, Rice and Runyon also participated in the discussion. Dr. H. Gross, of Metuchen mentioned some interesting cases of diphtheria in his practice.

Dr. R. J. Faulkingham, of New Brunswick, was elected a member of the society.

Those present at the meeting were: Drs. F. M. Donohue, A. L. Smith, F. Brown, F. E. Riva, D. C. English, A. Sophian, J. W. Rice, F. M. Hoffman, C. J. Sullivan, C. E. Saulsberry, R. J. Faulkingham, J. P. Schureman, H. G. Cooke. B. G. Illes, B. Gutmann and A. Gruessner of New Brunswick; Drs. H. Gross and L. Y. Lippincott of Metuchen and Dr. Merrill of Highland Park.

MONMOUTH COUNTY.

B. E. Failing, M. D., Reporter.

The annual meeting of the Monmouth County Medical Society was held December 15, 1914 at the Monmouth House, Freehold.

A paper on "Medical Defense" was read by the retiring president, Dr. Reginald S. Bennett, of Asbury Park. It was instructive, to the point and much appreciated.

The death of Dr. A. J. Jackson was reported and a committee was appointed to draw up resolutions.

The society endorsed the project of the Monmouth County Mosquito Extermination Commission and approved of the formation of a Red Cross committee in accordance with a communication from the Red Cross of the American Medical Association.

The following officers were unanimously chosen to serve for the ensuing year: President, Dr. Edward M. Beach, West Long Branch; vice-president, Dr. D. E. Roberts, Keyport; secretary, Dr. L. D. Wise, Long Branch; treasurer, Dr. W. A. Robinson, Ocean Grove; reporter, Dr. B. E. Failing, Atlantic Highlands' censor, Wm. K. Campbell, Long Branch; annual delegates to the State Society, Drs. Wm. M. Hepburn, Freehold, and Dr. W. E. Anderson, Englishtown.

PASSAIC COUNTY.

Chas. R. Mitchell, M. D., Secretary.

The regular meeting of the Passaic County Medical Society was held in the Praun Building, Paterson, on Tuesday, January 12th, 1915, Dr. John C. McCoy presiding. There were present forty-seven members and Prof. Joseph C. Bloodgood, of Johns Hopkins, Baltimore; Dr. E. J. Ill, of Newark; Mr. Hoffman, statistian of the Prudential Life Insurance Company, and Dr. Holmes, of Paterson.

The first speaker of the evening was Mr. Hoffman, who spoke in comparisons of the physician of yesterday with the physician of to-day. One devoting himself exclusively to the attempt at cure of disease and the other working along the lines of prevention more than of cure, attempting to prevent disease by eliminating its causative factors. death rate in spite of such effort was in the case of cancer, on the increase. In the last 40 years having increased 100 per cent. present death roll from cancer in the United States alone was 75,000 annually and still increasing at the rate of two and one-half per cent. each year. In this connection Mr. Hoffman declared that this increas was without any doubt actual, and did not depend upon better facilities for diagnosis with consequent increase in the accuracy of vital statistics. He believes that in the attempt to ascertain the causative agents of cancer that statistics would prove of the greatest value in helping to determine cancer districts, chemical and mechanical causes, the part played by altitude, One point emphasized was that cancer is not a disease of senility as it has sometimes been considered, but was really one of the pre-senile period.

Prof. Bloodgood's remarks were illustrated by the stereopticon and were in the nature of a plea for exsection of any and all new growths while they were still amenable to surgery. Dr. Bloodgood said that in his early days his troubles had been operative, but now were chiefly diagnostic. He believed in the removal of tumors at the time of discovery, in the removal of ulcerative areas in the lips, tongue and skin, when they showed no tendency to healing and in the radical removal of naevi in infants. He spoke of the immediate causes, such as irritation and the theory of Cohnheim

and believes that all cancer was the result of misplaced tissue either by irritation or from error in development. He also spoke of the common error of depending entirely upon histological examination to determine cancerous tissue or, with our present method of staining, it was at times impossible to say a section of tissue did or did not show malignancy.

Dr. Ill's remarks were brief and touched upon his own experiences. He had looked over his office records for a certain period and found he had recorded two hundred and eighty-four cases of cancer of the uterus. Of these, fifteen were apparently operable cases and of these fifteen three or four had been cured.

Dr. Balleray opened the discussion and deplored too early and interferative surgery, but emphasized the importance of injury to the cervix as a cause of subsequent malignancy.

Dr. Curts moved a formal vote of thanks which was unanimously extended to the speakers.

The minutes of the December meeting were approved. The Board of Censors reported favorably upon the application of Dr. A. F. Graham, of Paterson, and he was elected to membership. Application of Dr. T. J. E. Holmes, of Paterson, was referred to the Board of Censors. It was decided to hold a banquet at some near date, the cost of which was to be defrayed by the gentlemen participating. The committee named to arrange the details is composed of Drs. Morrill, Maclay and Cogan.

UNION COUNTY

George Knauer, M. D., Reporter.

The regular meeting of the Union County Medical Society was held at the Armory, Elizabeth, January 13, 1915, at 8.30 P. M. Dr. H. D. Corbusier, the president in the chair.

The paper of the evening entitled "Operative Treatment of Selected Cases of Cerebral Spastic Paralysis" was read by Dr. William Sharpe of New York City.

Dr. Sharpe said that he was operating only on those cases which show evidences of increased intracranial pressure as shown by ophthalmic examination of the optic nerve. Good results from operation could not be expected if the cases did not show this increased pressure.

The paper was discussed by Dr. Albee of New York City, and by Drs. Wilson, Ard and Sewell.

Following the discussion of the paper Dr. Sharpe showed by motion pictures, first, patients as they were brought to him suffering from this disease, and then after operation in various stages of improvement.

This paper was well received and highly appreciated as it was unique and opens up a new field for scientific investigation. The thanks of the society were extended to Dr. Sharpe.

Dr. J. Bayard Clark resigned as a member of the society.

There were four new proposals for membership: Dr. Clara DeH. Krans and Dr. C. A. Gesswein of Plainfield, Dr. Z. L. Griesemer of Roselle and Dr. H. W. Potter of Elizabeth.

Dr. F. Hughes of Plainfield was received by transfer from Somerset County and Dr. Wm. Gail was reinstated.

Dr. Arthur Stern read the report of the

milk commission, and said that in the report of the Raritan Valley Farms, dated December 12, 1914, there were only three reactors to the tuberculin test and that the herd was free of foot and mouth disease.

The output of the farm is about 1,000 quarts. Of this 600 quarts go to New York, 200 quarts to Union County and the rest to Hudson

County.

Following the meeting refreshments were served.

Local Medical Societies.

Bayonne Medical Society.

Martin I. Marshak, M. D., Secretary.

The Eayonne Medical Society met at the Elk's Club on December 21, 1914. The following guests were present: Dr. Wm. Seaman Bainbridge of the Polyclinic Hospital and Medical College, New York; Drs. Wm. Frielc, Geo. E. McLauglin, L. A. Opdyke, Daniel Street, F. Borton, George H. Muller and C. B. Kelly, all of Jersey City; Dr. B. S. Pollak, of the Hudson County Tuberculosis Sanatorium, and Dr. G. P. Curtis, of Union Hill.

The paper of the evening, entitled "Intestinal Stasis," was read by Dr. Wm. Seaman

Bainbridge, of New York.

He said that the work on this condition began in 1899. He compared the progress of sanitary plumbing to that of human plumbing and brought out the fact that human plumbing had made practically no advance until Lane took up the work. On the other hand civilization and the upright position had made all sorts of deficiencies in human plumbing. "Stasis does not mean constipation." Our sedentary habits and upright posture have disturbed the mechanical scheme under which human plumbing is supposed to operate. In 1901, Lane made the statement that the caecum and colon were the great cesspool of the body. This statement was further carried along and described beautifully by Metchnikoff in 1903. "Delay anywhere along a part or the whole of the gastro-intestinal tract is stasis." Nature tries to relieve the strain caused by this stasis, by hypertrophy of the membranous supports, producing a physiological response to a mechanical demand. This causes surfaces which are naturally not in contact to remain in contact about sixteen hours out of the twenty-four. If there is greater amount of resistance, angulation results, which in turn causes the formation of adhesions. Adhesions are divided into congenital, inflammatory and mechanical, of which the last group is in great excess. Most kinks not seen at time of operation are potential kinks, which will show if the patient is in the upright position. Kinks are formed by a fixed point with hollow viscus on each side of the point, the fixed point causing the stricture of the lumen. "Gastro-enterostomy has no place in surgery except in pyloric obstruction." The treatment consists of proper care of the plumbing. Only about five per cent, need surgical interference. Of these four and one-half per cent. are in the mid-abdominal group, while the other one-half per cent. need short circuiting. The treatment of the 95 per cent. consists of proper care of the mouth, a proper fitting and properly made supporting belt, which should be put on when the patient is on his back, exercise to increase the tone of the abdominal wall, and proper lubrication of the tract, as by an oil of between 885 and 890 s. g. This oil should be odorless and tasteless. Lane at present pours saline into the abdomen to prevent adhesions.

He then showed 41 lantern slides which showed the various kinds of stasis and how they were cured.

Drs. Sexsmith, Corwin, Friele, Axford and Opdyke joined in the discussion.

Association of Attending Physicians to the Hudson County Tuberculosis Clinics, Martin I. Marshak, M. D., Secretary.

This association held a regular meeting at the Jersey City Public Library, on December 28, 1914.

Dr. D. R. Lyman, of the Gaylord Farm Sanatorium and a member of the Sanatorium Advisory Board of Connecticut, read a very interesting paper on "What shall we do with our

Discharged Sanatorium Patients."

At first we used to tell our patients to do outdoor work and have short hours; this advice we consider insufficient to-day. In keeping track of our discharged patients who had been considered cured, we found that many cases had relapsed. This brought up the question, why? This was first brought up by the Council of Jewish Women, whose records snowed that 52 per cent, became worse in six months after their discharge from Bedford Sana-The records of the Gaylord Farm showed that 92 per cent. of incipient cases, and 78 per cent, of the moderately advanced cases which were discharged as arrested, held their own or gained after leaving the sanatorium. This difference between the two sets of statistics seems great, but when we consider the difference in the class of patients of the two institutions, and the fact that in one set they went back to the congested tenements of New York, and to the worse sweatshops, and the other set went back to their homes, which are usually of the two-family kind, and that they were of the intelligent class of mechanics or clerks, the difference does not seem so great. Telling patients to work on a farm is many times the cause of their relapse. The work is of the severest kind, the hours are long, exposure is the rule, and the sleeping quarters are not as a rule fit for swine. Other outdoor work sometimes given patients is on the same order, long hours, exposure and extreme exertion. Those facts prove that if we tell our patient to get an outdoor job, we should know what he has to do when he has that job. It is best for the patient to return to the occupation to which he was accustomed, and at which he can earn the most money. Following this procedure there will be no loss of earning power, but an increase and the chances of a relapse will be greatly diminished. The patient should be taught that rest is of the greatest importance in preventing a relapse. The employers should be interested in the individual cases, so that they may do all in their power to give the patient a chance to remain well. There should be open air shops for those who are only able to do part time work. Of course the housing conditions should be improved, either by private philanthropy, as in the model tenements in New York, or better still, by governmental aid. The patients should go back to conditions which are better than those found in the congested districts, as Dr. Baldwin of Otisville reports—25 per cent. in dark tenements, 33 per cent. with no separte rooms, and 17 per cent. without separate beds. The report of the association for the improvement of the poor shows that if the discharged patients return to good living quarters, as in model tenements and are under supervision, they get along very well. The economic value of this form of procedure can be figured out by comparing the carning of discharged patients to the cost of treatment and after care.

Drs. Pollak, Quigléy, Sexsmith, Rosencrans, Jaffin, superintendent of Clinic Nurses Miss E. L. Allen and Mr. Eaxter, editor of the Hudson Observer, took part in the discussion.

Associated Physicians of Montelair and Vicinity Walter B. Mount, M. D., Secretary.

A regular meeting was held at the Montclair Club on Monday evening, December 28th, 1914. Dr. James J. Walsh, of New York City, spoke very entertainingly of "Cured Cases and Their Significance in the History of Medicine." In humorus vein he reviewed the history of certain drugs and remedial measures, showing how they had first come to be relied upon for certain effects, enjoyed a period of popularity, had sunk into oblivion, and maybe centuries later, often been resurrected as potent agencies.

Mercury for syphilis, displaced for a time, is now again regarded as essential. Once a century arsenic is used to replace or help mercury in the cure of syphilis. Mercury is the one great drug which has not failed. The other dependable drug is quinine in malaria, discovered empirically by the Indians of Brazil. Strong purgation, especially by antimony and later by calomel, has had a varying popularity. The same is true of venesection. Lane's short circuiting operation on the large intestine is comparable to the use of antimony and calomel. The reliance placed on antiseptics has varied at different times, but we think we now know their proper place. Brill's disease we now class in the typhus group; it used to be called "jail fever," "famine fever," etc.

In rheumatism various remedies have been used, as magnets, mummery, poultices, liniments, etc. Rheumatism now is often termed neuritis. The use of boiling oil in bullet wounds was considered absolutely essential, but on investigation was found to be really harmful. For erysipelas there have been 400 cures, as anything given on the fourth or fifth day was said to cure the disease. Pneumonia for a time had many cures. Arsenic was recommended by Galen, who yet recognized fresh air and good food as the prime necessities in this condition. At one time or another mare's milk, or ass's milk, or goat's milk have been supposed to be better than cow's milk in tuberculosis. Of old any chronic skin disease was treated with arsenic. Alcohol, so long used as a tonic, is now known to stimulate never: but it is a narcotic, and helps by reducing shock and fright.

Of serums 26 have been used. Diphtheria antitoxin and tetanus antitoxin are valuable. Of the rest, twenty have been definitely aband-

oned since 1895, although it has been claimed at some time that each of these had cured cases. Instead of gunshot prescriptions of drugs we now are giving too often gunshot prescriptions of proteid bacterial products. Psycho-analysis is a reversion to the idea of the middle ages—only now we are merely conjuring the sex devil out of people. As Professor Charles Richet once said, "The therapeutics of any generation is always absurd to the second generation after."

Most of our successes in medicine in the past have come empirically. Certainty about any matter is the worst thing for progress in that field. The tendency to follow the crowd is a great reason for lack of progress in medicine. It is the little differentiations that help to advance medicine, the observation of cases that helps; generalizations do harm.

(We are compelled to defer insertion of report of the December 11th meeting, containing lengthy account of Dr. Cabot's address, till next month.—Editor.)

Mountainside Hospital Clinical Society.

W. N. Harrison, M. D., Secretary.

The regular monthly meeting of the society was held at the Hospital, January 7th, 1915, at 8.30 P. M., fifteen members being present.

Dr. W. B. Mount reported a fatal case of diphtheritic paralysis.

Dr. Henry Wallace reported a case of vagotonic bradycardia.

Dr. L. W. Halsey reported an unusual case of typhoid fever.

Dr. J. S. Brown showed X-Ray plates of fractures and of a case of visceroptosis with stasis, due to bands constricting the splenic and sigmoid flexures.

Dr. W. H. Areson showed an X-Ray plate of a fracture of the external surface of the tibia without fracture of the fibula.

Dr. Bellis reported a case of pontine hemorrhage in a child, with recovery.

Meeting adjourned.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The meeting of the Summit Medical Society was held at the Highland Club on Monday, December 28th, 1914, at 8.30 P. M., Dr. Pollard entertaining, and Dr. Krauss in the chair.

The following members were present: Doctors Baker, Bebout, Campbell, English, Hamill, Jaquith, Keeney, Krauss, Lamson, Lawrence, Meigh, Pollard, Prout, Rockwell, Smalley, Wolfe, Bowles and Tweddell.

The minutes of the previous meeting were read and approved.

A communication from Mrs. Hamilton W. Mabie, Chairman of the Visiting Nurse Association, announcing the discontinuance of the former arrangements for the visiting nurse after January 1st, 1915 was read to the society and orderer placed on file.

On motion the secretary was instructed to write the Overlook Hospital Association and request that some arrangements be made by them, by which the services of a nurse in special or emergency cases for those outside of the hospital, might be provided for.

An assessment of \$1.00 per member, for sta-

tionery and sundry expenses, was made by the secretary.

The paper of the evening was read by Dr. Pollard on "Observation." Dr. Pollard called attention in a very suggestive manner to the importance of a thorough observation of the patient, and said that the external evidence of disease which we could recognize by our one sense of vision were extremely numerous and important. This was oftentimes very much neglected and obvious facts were often carelessly overlooked by our casual survey.

He called attention to the various helpful points which could be obtained from a careful observation of the patient's color, temperature, condition of moisture or dryness of the skin, presence of eruptions or rashes, swellings, varicosities, and scars. He then enumerated the different symptoms which could be observed in a careful visual examination of the patient from the crown of the head to the sole of the foot. His paper was a plea for a greater use of the faculty of vision in diagnosis.

The paper was thoroughly discussed by each member of the Society and many instances were cited not only of those who saw too much and exaggerated trivial details, but also those cases in which obvious clinical facts were overlooked.

Doctors Rockwell and Jaquith emphasized the need of just such diagnostic aids in life insurance work. Dr. Prout called attention to the numcrous stigmata of degeneration which a trained observer could appreciate almost subsconsciously in examining the feeble-minded or insane.

The meeting adjourned and refreshments were served.

Miscellaneous Items.

New Jersey Mosquito Extermination Association

This association will hold its second annual meeting at the Hotel Chelsea, Atlantic City, on February 18 and 19, 1915. Among the able speakers expected are Surgeon-General W C. Gorgas, of the U. S. Army Bureau of Entomology. Dr. Ralph H. Hunt, East Orange, will deliver the presidential address at the opening session 2.30 P. M., February 18th. The further program will be:

Symposium on "The Anti-Mosquito Control Problems that have been Met and Their Solution." E. Porter Felt, of New York will speak on "Anti-Mosquito Work in New York State," on Wednesday; Dr. Gorgas will speak on "Mosquitoes and Their Relation to Man"; Dr. J. G. Lipman, of New Brunswick, on "Economic Values of Mosquito Work"; "Relation of Anti-Mosquito Work to the People of New Jersey" will be presented probably by Senator W. E. Edge.

On Thursday, the 19th, Dr. Howard will speak on "Anti-Mosquito Work of the United States Department of Agriculture"; Dr. T. J. Headlee, entomologist of the State Experiment Station on "Cost of Anti-Mosquito Work," and Dr. A. Clark Hunt, of the State Board, on "Mosquitoes and Malaria in New Jersey"; W. A. Evans, director of the Essex County Board of Freeholders, on "Anti-Mosquito Work from the Standpoint of the Freeholder"; Senator Hennessey and Assemblyman Runyon and Martin, on

"Anti-Mosquito Work from the Standpoint of the Taxpayer and the Legislator", and Dr. Gordon K. Dickinson, of Jersey City, on "The Relation of the Public to the Mosquito Question."

Medical Lawmakers.—The Portland Argus says that twelve members of the present State Legislature of Maine are medical men, five in the Senate and seven in the House.

New York Neurological Society.

At the last meeting held January 5th, 1915, the following named officers were elected:—
President, Dr. William M. Leszynsky; first vice-president, Dr. E. G. Zabriskic; second vice-president, Dr. F. Kennedy; corresponding secretary, Dr. J. R. Hunz; recording secretary and treasurer, Dr. C. E. Atwood; councilors, Drs. L. P. Clark, Frederick Tilney, Alfred S. Taylor, I. Abrahamson, S. E. Jelliffe.

Spanish Academy of Medicine Elects a Senator.—It is one of the privileges of the Spanish Academia de Medicina that it is entitled to a seat in the senate. The member of the academy recently elected senator in this way is Dr. B. G. Alvarez, one of the editors of the Pediatria Espanol, the official organ of the Sociedad de Madrid.

General Practice as a Specialty.

General practice, has, in a ccrtain sense, become a specialty. It is true that its ranks contain a larger number than any other branch of the profession, but the large increase of the number of whole-time appointments and of specialists of every conceivable variety in the last few years and months raises a doubt as to how long this numerical preponderance will obtain. But we are at least assured that there is no danger of the extinction of the general practitioner. The intimate personal relation between the individual patient and his doctor is an essential factor which no changed conditions can completely eliminate. It is on the general practitioner that the eyes of the public and the profession are now turned, and we are confident that the trust will be completely justified.-British Medical Journal.

In view of the antivivisection crusade that is being carried on by certain fanatics, with a criminal disregard for truth, it is refreshing to find such a well-known periodical as Puck standing boldly in defense of vivisection as carried on at present under humane rules. In its issue of March 14, Puck has a double-page cartoon on the logic of vivisection which tells the story better than words. In contrasting the attitude of Puck with that of Life, we are reminded that it is fortunate for the progress of medical sciences that human life has a few influential protectors like Puck among lay publications. We have no fault to find with those who fight for principle, but when in order to win it becomes necessary to resort—as Life does in its attitude toward vivisection and everything pertaining to medicine—to deception, misrepresentation and actual falsehood, we believe that the cause has very poor ground to sand on.—Indiana State Med. Jour.

THE JOURNAL

Medical Society of New Jersey

FEBRUARY, 1915.

Ail papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor. New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

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WILLIAM J. CHANDLER, M. D., South Orange N. J.

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PRIZE ESSAY.

Prizes were instituted by the Medical Society of New Jersey at the annual meeting in 1905, and are open for competition to the members of the Component (county) Societies.

The subject this year is:

The Chief End Results of Syphilis: the Modern Methods of Diagnosis and Treat-

The essay shall not contain more than 6,000 words and must be based on personal experience as well as on the study of literature on the subject. It must give special attention to the late clinical manifestations of the disease and contain practical methods of treatment; be characterized by clearness and conciseness of expression and be, in the judgment of the committee, of decided value to the members of the society and the profession generally in their care and treatment of this disease. Failing in this respect no award will be made.

The essay must be signed with an assumed name and have a motto both of which shall also be endorsed on a sealed envelope containing the author's name, residence and component society. The essay, which should be typewritten, with the sealed envelope must be in the hands of the chairman of the committee—Dr. B. D. Evans, Greystone Park, N. J.—on or before June 1st, 1915. The committee will select the first two essays in order of merit.

To the first will be awarded the prize of \$100. To the second will be given honorable mention, or if of sufficient merit a lesser award than the first prize will be recommended to the society.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. successful essays will be the property of the society, and will be published in the Journal.

B. D. Evans, M. D., Chairman.

F. R. Haussling, M. D., Newark.

G. H. PARKER, M. D., Trenton.

IMPORTANT NOTICE.

To some who receive this number of the Journal it will be the last until after their dues for the current year are paid. These dues are two dollars for the Society and one dollar for a subscription to the Jour-The United States postal laws are nal. very strict and require the prepayment of subscriptions. Unless therefore your dues are paid at once and forwarded by your treasurer to Dr. Mercer, the treasurer of The Medical Society of New Jersey, we shall be obliged to omit your name from the mailing list. Membership in the society does not carry with it protection in case of suit for malpractice, unless your subscription to the Journal is also paid. Payment of your subscriptions pays also for your defense if you have a legally defensible case. It is for you to decide at once whether you wish for this small sum (one dollar per year to members) to get the protection which in any insurance company would cost you at least ten times as much. Can you afford to take the risk, which such a trifling amount expended now will cover? Think of it and decide at once.

W. J. CHANDLER, Chm. Pub. Com.

PUBLIC HEALTH LAWS.

We call special attention to the article on page 85 taken from the Daily State Gazette. of Trenton, on the two bills that have been proposed; one for the reorganization of the State Board of Health and the other for the establishment of a Department of Health. The latter act vesting in the said department all the powers and duties devolved by law upon the Board of Health of the State of New Jersey.

Our State Society's Committee on Legislation, after very careful consideration had this latter bill drawn for presentation to the Legislature. It is in the main, modelled after, the New York and Massachusetts health laws. It seems to be on close examination as nearly ideal as our present knowledge of sanitary science and its application could suggest, and if it could be accepted by our health authorities and passed by our Legislature, with little or no amendment, it would give New Jersey a wise and efficient health department that would reflect credit upon the State and conserve the health and preserve the lives of its citizens.

But it is difficult under existing conditions to get health laws passed that seem to be necessary to insure the highest efficiency in sanitary administration, and we are obliged to accept the best we can get. It is, therefore, a cause of much satisfaction to know that the State Economy and Efficiency Commission has practically accepted the amendments that our efficient sub-committee-Drs. H. B. Costill, T. H. Mackenzie and H. A. Cotton, with Drs. F. D. Grav and Henry Spence, in conference with Messrs. Ludlow and Murray of the Economy and Efficiency Commission have deemed essential in outlining a bill that gives promise, if enacted, of decided advance in health administration in New Jersey. The bili provides for a commissioner or director. with an advisory board of eight members. One of our amendments provided that the present employees be retained until there is just cause for a change.

A public hearing on the bills was given by the Senate Judiciary Committee, in the Senate Chamber on February 1st, when our president, Dr. F. D. Gray, very practically and forcefully presented our members' ideas, corrections and amendments to the proposed bills introduced in the Senate and Assembly and it would be difficult to successfully answer his arguments. As we have said, the Economy and Efficiency Commission accepted the amendments proposed.

The speech of Samuel Ludlow, Esq., in introducing the hearing before the Senate Judiciary Committee on this and other bills presented by the State Economy and Efficiency Commission was a masterly one, demonstrating the immense amount of careful investigation the commission has given the various departments of the State referred to them; also the wise deliberation. discrimination and judgment exercised in reaching conclusions and offering remedies calculated to save waste and increase efficiency. The people of our State owe the members of the commission a debt of gratitude for their faithful services so generously given.

We expect to insert the bill as amended—and we hope passed—in the next issue of our Journal. In the meanwhile we ask and urge every member of our State Society to impress upon the legislators the vital importance of the passage of the bill, for the welfare of our State in the preservation of the lives and the health of its citizens.

TWO INTERESTING MEETINGS; OUR PRESIDENT HONORED.

The sixty-fourth annual dinner of the Hudson County Medical Society, at Jersey City, January, was an occasion which those who were privileged to attend will not soon forget, especially the invited guests from other sections of the State. The fellowship was greatly enjoyed, the dinner was all that could be desired, the post-prandial speeches were of more than ordinary excellence, but the one feature that gave peculiar satisfaction to all, was the recognition of the worth and ability of the honored guest. Dr. F. D. Gray, president of our State Society, and the opportunity it gave to testify to the esteem in which he is held not only by his own county associates, but by the profession throughout the State which was well represented, some coming from remote sections.

After the dinner Dr. G. K. Dickinson, president of the county society and toastmaster, offered some very felicitous and appropriate introductory remarks and introduced Dr. Henry Spence, who in an earnest. eloquent and witty speech, introduced Dr. Gray, as he presented to him a beautiful silver loving cup, the gift of his associates. Dr. Gray was received with prolonged applause, as all present felt, as Judge Carey subsequently remarked, that "the honors conferred upon Dr. Gray had come to him because he had fairly won them." Dr. Gray was evidently greatly surprised when he responded in his usual modest way briefly and feelingly, and while referring to this incident as causing a condition of "mental vacuity," he soon rallied and, expressing his appreciation of and thanks for the honor, he accepted the gift, and then urged devotion to the work of the profession and to its more thorough organization in the county and State.

The invited speakers—Rev. Dr. Hadlev, Prof. H. A. Hare, M. D., and Judge Robert Carey, gave remarkably practical, eloquent and inspiring addresses. They were all highly laudatory of the medical profession's great progress and abounding char-

ity, exceeding, as they declared, that of all other professions. We refer to Judge Carey's remarks—that the only creditable thing about the European war is the record that is being made by the doctors and nurses; that the Panama Canal owes its existence solely to the progress of medical science which made it possible. "You doctors," he said, "have no idea of the power that you can wield if you go about it as an organized body. A bill has been introduced in the Legislature at Trenton, reorganizing the Health Department of the State. Examine that bill carefully, study it and if it isn't exactly what you think it ought to be, go down to Trenton and you will get what you want," and he spoke emphatically.

WARNING TO PHYSICIANS.

Law Restricting Handling of Narcotics.

We call special attention of our members to the Harrison Anti-Narcotic Bill which recently was passed by Congress and which goes into effect March 1st. Every dealer in and dispenser of narcotics must register with the collector of internal revenue of his district and pay a special tax of one dollar per year. We received a copy of the law just as the Journal has been completed for the press and therefore too late to give its provisions as they affect physicians.

The following seem to be the essential points affecting physicians: Without proper registration the physician cannot dispense or distribute any of the narcotic drugs in any manner or for any purpose. Having registered and paid the tax he may dispense such drugs in the course of his professional practice only, provided he keeps a record showing amount dispensed, date, name and address of patient; but such record will not be necessary if he personally attends upon the patient. Record must be kept for two years subject to inspection.

Unless he has registered and paid the tax, and writes his prescriptions in conformity with the law and regulations, the druggist cannot dispense the physician's prescriptions for such drugs

As we go to press we hear that the Neuropaths are to introduce a bill into our Legislature for a separate board of medical examiners. What next? Doubtless our Legislative Committee will do all they can—as they have always done—to prevent the enactment of such a law, but they should have the help of every member of our Society to save our State from enacting laws that permit further exploitation of quackery and deception.

We have been compelled to omit the insertion of considerable matter this month—including two original papers that had been arranged for this month's issue of the Journal, because of the late arrival of reports—some of them lengthy—and other matter that required early insertion. We urge all who contribute articles to send them to the editor, New Brunswick, by the 20th of the month preceding the date of the Journal's issue, as even then the printer is seldom able to mail them before the fifth of the month.

We note with pleasure the honors conferred upon our New Jersey doctors by outside organizations. Our personal columns show that the Philadelphia Medical Club has elected two—Dr. Alex. McAlister, of Camden, and Dr. William Martin, of Atlantic City, as first and second vice-presidents of their club— an unusual honor to "foreigners."

HAVE YOU PAID YOUR DUES FOR THE YEAR 1915? IF NOT, DO SO AT ONCE TO THE TREASURER OF YOUR COUNTY SOCIETY SO AS TO AVOID BEING REPORTED TO THE STATE SOCIETY AND THE A. M. A. AS DELIN-QUENT.

CYRUS F. BRACKETT, M. D., IAL D.

We announce with deep regret the death of Dr. Cyrus Fogg Brackett, the oldest honorary member of the Medical Society of New Jersey elected in 1880.

Dr. Brackett, professor emeritus of physics in Princeton University, died in that city January 29, 1915., aged 82 years. He was born at Parsonfield, Maine; graduated from Bowdoin College in 1859; received his medical degree in 1863; taught chemistry at Bowdoin from 1863 to 1873; became professor of physics at Princeton in 1873. He received honorary degrees from Bowdoin, Lafayette and Princeton. He was a member of several national and local literary societies and fraternities. He was recently elected an honorary member of the Academy of Medicine of Northern New Jersey. For the last seven years he had been active in research work and had been at the laboratory practically every day until a week before his death.

Dr. Brackett was not only a man of eminent literary ability, but he was also a genial ('hristian gentleman, modest, gentle and true in all the relations in life he sustained with his fellow men.—Editor.

We also regret to hear as the Journal goes to press of the deaths of Dr. Charles A. Schureman, of Newark, on January 23, aged 73 years and of Dr. William W. Knowlton. of Camden, January 23, 1915. Further obituary notice will be given in our March Journal.

-Editor.

THE COUNTY MEDICAL SOCIETY.

The county society is the foundation stone of medical organization. The county society is the judge of its own membership and the State association accepts your judgment and receives into its association, as members, those on whom you put the stamp of approval, and this constitutes you members of the American Medical Association, and eligible to Fellowship in the National Organization. The House of Delegates at the annual assembly in Minneapolis in 1913 adopted the term "Fellows" for that group of members of the organization who had been called "members." By this more usual use of titles the real relationship of individuals to the organization has in nowise been changed but is more readily understood.

The county society, through its delegates to the State meeting, and the State association in turn, by its delegates to the national assembly of the national association's House of Delegates. But to distinguish the classes, the members of the component societies are now called "Members of the American Medical Association," and those members who comply with the provisions stated in the by-laws of the national organization, may qualify as "Fellows of the American Medical Association."

Membership in the State association brings the additional benefits of the State Journal and defense in malpractice suits. * * * *

Without as elfish motive, the American Meddical Association stands for honesty and fairness, and against fraud and deception in all that relates to the public health and physical welfare of the people. It especially stands for the individual doctor, whether he lives in the largest city or in the smallest village, it stands to help him, not only to become a better physician but to protect and to promote his every interest, material and moral, as well as scientific and social, so that he may give better service to those who depend on him in their time of affiliation, and also that he may stand in his community as one of its best citizens and a leader of his people.

These are the principles on which the American Medical Association stands, and it is only a question of time when it will receive the cordial support and earnest co-operation of every intelligent, right thinking member of the profession in carrying out these principles.

And after all it is the county society which ever must be the foundation and the support, and give life to the rest of the organization, and that is why we should all be interested in the success, the advancement and the co-operation of each individual member of the county society, and especially to-day, of the Calhoun County Medical Society as one of the important branches of this great organization. Each individual member as part of the component organization so necessary for the success of the entire organization in all its ramifications and extensions should be interested in the result of the work.

Can you assist in this work, or rather will you help? Go from the meeting, here resolved to attend the next and every succeeding meeting. And to urge the attendance or bring with you some absent brother or sister.

You will get out of the society in proportion to what you put in, and the returns will be full and plenty. It rests upon each individual

member to make the future better and better. It is your duty—it ought to be your pleasure to help the good cause along. Will you do it? May Calhoun County Medical Society continue to do the good work which it has so gloriously started.—Address before the Calhoun County (Mich.) Medical Society by Mr. T. W. Singer.

Get a New Member.

How much time or service does the average doctor give to the county medical society?

Notwithstanding the prediction that the membership of the State Society would decrease this year, it has increased, and it is hoped by the time of the annual meeting there will be still more gain. This is encouraging, but the fact remains that too many eligible physicians are not members of the State Society nor of the A. M. A. There is no good reason why every eligible physician residing in the State is not a member of both these societies.

The one real reason for this condition is the fact that the average physician is willing to pay his society dues for the year, and thinks he has done his full duty by the society. He is not willing to give the society any of his time.

It is a very small matter for most members to solicit and obtain an application for membership in the society from a neighboring physician, but instead of making that effort, the average member leaves this to the officers of the society, and wonders why there are so many eligible physicians who are not members. The officers of the societies usually are aot acquainted with your neighbor, and your neighbor, when approached by an enire stranger, does not fill out an application so willingly.

This disinterestedness is mostly thoughtlessness or carelessness, but the fact remains that it is not fair to your medical societies, nor is it fair to the officers of the society, and most unfair to the member himself. After a while it will reach your pocketbook.

A medical society can never reach the maximum of efficiency until a complete organization exists. Legislators, when asked to support a medical bill, repeatedly refer to the fact that the medical profession is not organized.

We must remember, too, that each year the medico-legal expense is larger. There are many times more cases suing for malpractice now than when the service was inauguarted. This almeans added expense, but, most of all, it means that we are not maintaining the best means of defense we have, namely, a complete organization. When every eligible physician is a member of a live society, there will be fewer malpractice cases.

It is up to you, doctor, to help increase the efficiency of your medical societies—county, state and national—and if you will take but a small amount of time, your societies will soon know the result of you efforts.

We can hardly expect to become effective, 2s a society, in legislative work until the entire profession is organized. Neither can we become most effective with the state executive nor with the appointed medical boards of the state until the profession is completly organized. The governor of a state is elected, and the medical boards are appointed to serve the whole people. If the whole medical profession wants a certain legislation, the probability is it would get it:

but if half the profession wants that law, and the other half are inactive, the probability is the law will not be enacted. The individual member should work for the society, and he should

see that his neighbor is a member. We think your medical society is giving you more for your money than any other money you spend, and in return you should give your society some thought and some effort, and one of the ways you have of helping your society is by securing an application for membership from a doctor who is not a member.-Exchange.

To how many members of the Bucks County Medical Society does this apply, your record look? Have you done your share you have you be meetings? Would we Medical Society does this apply: "How does toward keeping up the meetings? Would we have a society if every one acted as you do? Those big goose eggs don't look good at all. Make a better record for next year. You can come out if you want to. There is not a man in the county who could not be present at least six times a year. You owe it to yourself and to the profession to support the society to the best of your ability. You couldn't get along at all if it were not for what the profession has done for you."-Lawrence Co. Med. Soc. Bul.

Legislation Guarding Public Bealth.

State Board of Health or State Department of Health.

We could not get the two bills prepared by the State Economy and Efficiency Commission and the one prepared by our State Medical Society's Committee on Legislation, in time to have them inserted in this issue of our Journal, but the following statement in the Daily State Gazette, of Trenton, give a fairly accurate description of the provisions of the two bills, and of the conference between the Senate Judiciary Committee, the members of the Commission and Drs. H. B. Costill and T. H. Mac-Kenzie representing our Society. The following is the Gazette's account (Editor):

They pointed out the difference between the measure proposed by the society and the bill providing for a reorganizing of the State board of health, Dr. John P. Murray, of this city, and Samuel Ludlow, Jr., were appointed as a committee to confer with the physicians re-

garding their contentions.

The principal points of difference as brought out at the hearing by the physicians between the bill proposed by the State Medical Society and senate bill No. 8 and house bill No. 7, are:

Points of Difference.

The Medical Society bill provides for a Commissioner of Health, who shall be chief executive officer of the Department of Health, and shall be responsible for the administration of the department. The powers and duties of the board of health are vested in him. He engages and discharges his assistants, subject to the approval of the Public Health Council and to the provisions of the Civil Service faw. He fixes their salary subject to the approval of the

Health Council. He institutes actions for vio-

lations of the law, etc.
Under house bill No. 7, and senate bill No. 8, there is a division of responsibility and in this respect these bills provide for no real reorganization of the Board of Health. Under these bills all of the executive functions of the old board of health are vested in the new board. This new board, like the old board, has numerous and important functions to perform, while the functions of the Director of Health are not substantially different from those of the present secretary of the board. These bills, therefore, fail to correct this evil which inheres in our present health laws.

The bills do not sharply define the duties of the health board and of the director of health, so that the duties of each may be ascertained from a reading of the act. There can be no doubt but that the provision for an individual executive officer, who is vested with the power to enforce the health laws, and who is responsible for the manner of their enforcement, would produce better results than a provision for divided responsibilities, in which the chief executive powers and duties are vested in an unpaid board of men who receve no salary and are not specialists in health work. In this respect the bill of the Medical Society is modelled after the New York and Massachusetts health laws, which provide for a Health Commissioner, who is the chief executive officer and who is charged with the enforcement of the health laws, but who has the advice and assistance, in this respect, of an advisory board to whom an appeal from his decision may be taken in certain matters.

Another substantial difference between the Medical Society act and the other acts is in the manner of the selection of the Commissioner. It cannot be doubted but that a Health Commissioner should be as far removed from partisan politics as possible. The bill of the Medical Society provides that the commissioner shall be appointed by the Public Health Council, which consists of six members, not more than three of whom shall be of the same political party. It is believed that this provision will tend to remove the office of commissioner of health from any kind of political control and that it will make it easier to procure a capable expert for this office, because his tenure of office, in this respect, will be rendered more secure and less liable to change because of a change in the political complexion of the State government.

The Medical Society bill provides entirely different qualifications for the commissioner of health than those prescribed by the bills above mentioned. The requirements of the Medical Soicety bill are:

The commissioner of health shall be a man skilled in sanitary science and shall have had at least five years' actual experience in an administration of executive capacity in some well organized department of public health. He shall be appointed by a majority of the public health council.

The only qualification required by the bills of the economy and efficiency board are that the commissioner shall be a citizen of this State.

There can be no doubt but that the Commissioner of Health should be a trained man

who is expert in public health administration; that the commissioner should be a physician, and that he should be skilled in sanitary science and health administration. The qualifications prescribed by the Medical Society bill are designed for the purpose of securing this kind of a man. Inasmuch as men, who are actually skilled in sanitary science and public health administration, and who have the other qualifications for a successful commissioner. are rare, it was thought well to make it possible to secure the services of a man from another State, if necessary. There is no doubt but that the commissioner should be a trained scientist. The salary provided is liberal enough to make the office attractive to men of the highest skill in this line of work. There is no reason why the appointing power should be hampered in seeking for such a man by the limits of this State.

Public Health Council.

The public health council, established by the bill of the Medical Society, differs in its makeup and in its power from the board of health mentioned in the economy and efficiency bills (section 2.) The council is to consist of six members, who shall hold office for six years. and whose terms of office shall be so arranged that the term of one member shall expire each year. They are given power to hear appeals (section 8) from the decision of the commissioner in the matter of approval of plans and specifications, granting of licenses or permits, establishment of sewerage districts, etc. appointment of subordinates must be done by the commissioner with their approval; salaries must be fixed by the commissioner, with their approval (section 4, latter part of the section); they are given power to adopt a sanitary code (section 10 to 13); to conduct hearings, (section 14); the purpose of the bill being to establish a board which shall exercise no executive functions whatever, except those specifically conferred upon them (section 8, latter part of section), but who shall act in an advisory capacity to the commissioner, and who shall hear the appeals from the commissioner in the important matters above designated.

Some of the provisions of this bill have been taken, with some changes, from the provisions of the Economy and Efficiency bill, viz., the last sentence of section five provided that the commissioner shall be a member of county mosquito extermination commissions and shall co-operate with them in carrying out their duties; that last part of section six providing for the preparation of health bulletias for distribution to the public schools; the provision of section fourteen with regard to the issuance of subpoenaes for witnesses in compelling them to testify; the provisions of section fifteen and sixteen with regard to the administrating of oaths to witnesses, and the provision that false swearing at a public health hearing shall constitute perjury.

The bill of the Medical Society provides for the appointment of district health supervisors. The purpose of this provision is to enable the Health Commissioner to keep closely in touch with the work being done by all of the health officials throughout the State. It is undoubtedly true that a large proportion of the most important health work of the State, under our present system, is left to local boards of health.

It is a recognized fact that there is a lack of co-ordination between the work of these boards and the work of the State board, and that the work of many local boards of health is inefficient. It is believed that the appointment of district health supervisors will result in materially improving the work of the various local health officials. This provision for district health supervisors is made in the Massachusetts health law and in the New York health law.

Another provision contained in the Medical Act, not contained in the bills above referred to, is the provision vesting in the Commissioner of Health, subject to appeal to the Health Council, power to remove health officers and employees of local boards of health for incompetency, inefficiency, neglect of duty conviction of crime involving moral turpitude, and prohibiting the removal of such health officers by the local boards of health for any cause other than those above stated. purpose of this provision is identical with the one last above mentioned. This provision is also contained in the laws of other States. It is believed that it will result in securing a much more efficient administration of health laws by the local officials.

The Medical Society bill also empowers the Commissioner of Health to perform the duties of a local health officer in any muncipality in which such officer has not been named or in which a vacancy exists in that office, at the expense of the municipality. This provision is not contained in the bills above mentioned. This is added for the purpose of increasing the efficiency of the local boards of health.

Another important difference between the bills of the economy and efficiency board and the Medical Society bill is in regard to the present employees of the board of health. The economy and efficiency bill vacates their employment and starts the new department with no subordinates or assistants. This would make it necessary for the new department to re-engage the old assistants or to appoint new ones before any work could be done. The Medical Society bill provides that all of the old subordinates shall be retained unless their offices are abolished by the commissioner with the approval of the council, or unless they are discharged for cause.

The new board, or commissioner, as the case may be, should not desire to dispense wth the services of any employee of the old board who is rendering necessary service and who is competent and efficient. Under this bill he is given ample authority to discharge incompetent and inefficient assistants in accordance with the provisions of the civil service law, and to abolish any position or office which may be unnecessary. Greater power and latitude in this respect would tend rather to abuse than to the establishment of an efficient organization. Furthermore, under the economy and efficiency bill these offices being vacated at once, the commissioner is obliged, either to appoint the old employees and accept the responsibility for them as his employees, or else to appoint others, and thus risk losing the services of the best employees now employed in this department, before he has had an opportunity to learn which of the present employees of the board are efficient.

Something Necessary for Us to Do.

From the N. Y. State Jour. of Medicine.

There is no doubt whatsoever that during the coming session of the State Legislature Christian Scientists, Osteopaths, Naturopaths, Chiropractors and disciples of other cults engaged in exclusive methods of treating the sick will petition that body to grant to them the rights and privileges now accorded to legally qualified physicians to practice medicine and surgery. We have no desire to enter into any discussion of their methods of practice, nor will we criticise adversely their desire to secure legal standing as physicians. Their present legal status permits them to practice their exclusive methods, and with this they should be satisfied.

The following comments are written not so much for our medical readers, who will find them more or less in accord with their preconceived views, but with the intention of having them come under the cognizance of members of our State Legislature who will be called up to vote at the next session on bills concerning the health of the community. We will endeavor to dispassionately state our position and ask each legislator to devote a few moments to what we have to say. We feel that when life or death is the subject at issue political expediency will take flight and give place to a conscientious discharge of duty. We will furthermore ask each legislator who employs a legally qualified physician as his family medical adviser to affirm his confidence in such an adviser by voting against conferring the privilege this medical adviser enjoys-worthily won by a long course of study-upon a class of men unfitted by medical education to minister scientifically to others who may be in need of medical attention

The history of medicine from the time of Hippocrates down to the present day is replete with the brilliant achievements of highly educated men of all enlightened countries, who, ever mindful of the high aim of medicine-the healing of the sick-devoted their time and thought through investigation, research and analytical experience, to its occomplishment. Plagues which devastated whole communities are no more. Epidemics of cholera, typhus fever, yellow fever, cerebrospinal fever, bubonis plague, diphtheria, smallpox, malaria, hook worm disease, syphilis, gonorrhoea, and other morbid conditions peculiar to internal medicine, are practically under control, and, together with the results obtained in abdominal and brain surgery, the miraculous seems almost Can any cultist controvert what apparent. we state? Has Christian Science, Oseopathy, Naturopathy or any other "pathy" contributed one iota to these results? Do you believe, can you believe, that should any of the above mentioned diseases appear in an epidemic form that Christian Scientists or their co-related adjuncts would be able to cope with them? Would you be willing to do away with the executive staffs of your national quarantine stations or your health departments, composed of qualified physicians, and replace them with the adherents of Christian Science, Osteopaths, Naturopaths and Chiropractors. What answer does common sense dictate?

The Christian Science Act introduced by Senator McClelland in 1914, "gives to any person

who ministers to or heals the sick or suffering by mental or spiritual means, without the use of any drug or medicine or material remedy, the right to practice medicine." Now, does any sane human being believe that a child in the throes of asphyxiation from a diphtheritic membrane occluding the windpipe can be relieved by mental admonition or the adjustment of a displaced spinal bone? If your own child was in such a condition would you send for a Christian Scientist, Osteopath or Chiropractór, or for a skilled physician, who, by a simple surgical operation, could give your child almost instant relief? And yet these cultists demand from you the privilege of treating such a case and others of like desperate nature in accordance with their mode of prac-Think of it! There are 430 practicing tice. oseopaths in this State; 15 of them possess medical degrees; the remainder, 415, are not qualified by education to practice medicine, and yet they demand to be invested with all the privilege of a qualified physician-a travesty on Medicine.

The Osteopathic Act introduced by Senator Herrick in 1914*, gives a Physician (?) who is a holder of a registered license to practice osteopathy the same rights and privileges as the holder of any other license to practice medicine; and any rule, regulation or ordinance of a municipal department, body or officer respecting vital statistics, or the issuance of a burial permit, or otherwise which discriminates against the holder of such a license shall be null and void. This act also gives any incorporated osteopathic society affiliated with the New York Osteopathic Society the privilege to prosecute in the courts any person who practices illegally under the cover of any medical diploma or license and to collect the fines.

The Chiropractic Act, introduced by Senator Boylan in 1914, "To amend the public health law in relation to the practice of chiropractics." For the purpose of this article chiropractice is hereby defined to be a scientific method (?) of adjusting the articulation of the spine and other osseous structures of the human body to remove pressure or tension from the nerves. Chiropractics claim to cure by spinal adjustment. Under this act chiropractors can be given all the privileges of the public health law, and upon making application for a license admission to practice without one is given to the hordes of graduates to date of the chiropractic schools with a single course of four months.

The Naturopathic Act, introduced by Senator McClelland in 1914, "To amend the public health law in relation to the practice of naturopathy and providing for the appointment of a board of examiners and licensing of naturopaths to practice in the State." Naturopathy is a natural treatment, including water cures, neuropathy and scientific manipulation of any kind. This act will establish a State Poard of Naturopathic Examiners, who will have the right to issue licenses to practice naturopathy without further examination.

We are fully convinced that there is not a scientific physician in the State who is not opposed to the passage of these laws, and we furthermore feel that of this vast number, unless personally appealed to, not two per cent. will exert themselves to oppose them. The solution

of this apathy is that each one relies on the other and all on the Legislative Committee of the State Society, who, unaided, labor under great disadvantage in preventing unjust medical legislation. We must not permit trickery to circumvent us as we did last year. Saved from defeat at the last moment by the courageous action of Governor Glynn, let it be said to his lasting honor.

We suggest (and this suggestion meets with the approval of the chairman of the Legislative Committee, Dr. Lewis K. Neff), that the president of each county medical society appoint subsidiary committees consisting, say, of two members to wait upon each senator and assemblyman of the different election districts and place the truths of the issue squarely before them. These committees to report back to the County Society Legislative Committee the views they have obtained from the legislators, which committee will in turn report to the Chairman of the State Society's Legislative Committee.

It is contrary to our sense of honor to employ legal talent to represent us continuously during the session of Legislature. We have sufficient faith in human nature to believe that the members of our legislative body need but be convinced of the arrant folly of these later day faddists to see their way clear to refuse to grant to them by their votes privileges exercised by members of a profession revered for its learning since the dawn of civilization.

*The introducer of the bill here designates an osteopath as "a physician."

Report to the Essex County Medical Society on the Recent Problem Met by the Medical Milk Commission of Essex County Relative to Bovine Tuberenlosis.

By Heury L. Coit, M. D., Newark, N. J.

This is the first time in the history of a quarter of a century that the Medical Milk Commission of Essex County has met so grave a problem. It has accentuated the interest in the medical control of milk intended for clinical purposes and not only the profession, but the public have been awakened to the great importance of the matter. Heretofore its real significance has been realized chiefly by the medical men actually engaged in the work, but in all probability the unfortunate publicity of this occurrence will be transformed into a fortunate result.

No one could be more anxious that this plan for clinical milk should be rigorously carried out than the writer who laid down the principles of the system twenty-five years ago. One reason for this is that sixty-three other Commissions are credited to the initial effort undertaken here by the Essex County Commission. The Fairfield dairy revelation, showing an unusually number of reactors on a retest of the herd, has seemed to disturb the confidence of many people in the system. This is not just because all milk herds when tested and retested, at some time, show their own percentage of reactors. It has been the custom of this Commission to place the responsibility for detail and technique of the tuberculinization of the herds producing the milk it certifies in a veterinarian of recognized ability whose reports and test sheets have been accepted as final.

The Medical Milk Commission, through its system of contract control of dairy hygiene, veterinary supervision, biological investigations and medical inspection of employees, has imposed sixty-five requirements upon the dairyman, only one of which in this case has been called in question, and in respect to the one, it is not that the tuberculin test was not applied, but that its technique was possibly defective. The proof of dishonesty or gross neglect by the veterinarian has not yet been demonstrated to the satisfaction of the Commission.

If the large number of reactors—about thirty per cent.—found in this herd is due to faulty technique, the responsibility will rest upon the veterinarian and will be placed where it belongs. The Commission, however, has determined that in its future supervision of this work, no question shall again be raised as to the details of the tuberculinization and by collateral inspection of the testing by some court of last resort, like the Government, thus protect this highest system of milk control from criticism.

The facts upon which the Fairfield dairy matter, fortunate or otherwise, is based, were developed in the course of the routine performance of the duties of the Commission. It is the custom of this Commission to give up its knowledge of facts to such official bodies as request them. The disagreeable and sensational features of the affair were all made possible because of this free and open method of procedure and were developed by the unfair use of these facts.

It is believed, and with good reason, that the situation became possible because a group of men kept secret information concerning the doubtful physical condition of animals placed in this herd which were believed to be perfectly sound when bought. Under the circumstances it has been difficult for the Commission to keep a steady head in unfolding the facts and locating the responsibility. It has been difficult to fulfill Kiplin's ideal, "be sane and keep our heads," when all about us seem to be losing theirs and blaming it all on us.

To give a comprehensive statement on this whole matter would occupy many hours and it seems futile to report it in the five minutes allowed for this statement. I would like to tell you something about tuberculin testing, its history and the varying opinions of the authorities on methods and technique. I would like to tell you of its general application and the great lack of uniformity in this work as performed by different skilled veterinarians. Also of its reliability and its failures. I would like to tell you something of what is known concerning bovine tuberculosis, its prevalence in milking herds throughout the world, and its effect on the health of the antimals.

While we do not in the least minimize the importance of bovine infection in young children, which is from six to ten per cent., nor the great importance of having milking herds absolutely free from reactors, yet I would like to tell you something of the improbability of the presence of live tubercle bacilli in milk from a herd where good dairy hygiene is practiced.

This is illustrated by the work of Hess, who by inoculating sensitive animals could find tubercle bacilli in but sixteen per cent. of the milk sold by small dealers in New York City, with eighty-four per cent. of this low grade

market milk containing none. This work was followed by an examination of the children continuously fed on this milk in the families of the dealers behind the milk shops, subjecting each child to the Von Pirquet test and only one child in the large number of cases reacted and this one was not demonstrated to be bovine tuber-culosis.

This is also illustrated by the work of Anderson of the government service with 223 samples of milk sold in the city of Washington, all from doubtful sources and showing but fifteen or 6.7-10 per cent. which contained tubercle bacilli pathogenic for guinea pigs. This milk came from 102 dairies, eleven of which were definitely proven by inoculation experiments to be peddling tubercle bacilli among its customers.

This is also illustrated by the work of Delepine in Manchester, who, out of 1385 farms, found a like percentage of milks which were virulent for experimental animals. Going back to these farms it was demonstrated that actual tuberculosis of the udder was the definite cause of infection in 78 8-10 per cent.; that tuberculosis of the udder was also a probable cause of infection in 16 per cent., leaving nothing definite to connect the infectivity of the milk with the udder in but 5 2-10 per cent.

It is no wonder then that in judging the public and the disturbers of the public, the sensational press agents, and a very few medical men who have been disturbed, that we should regard them as the victims of the spirit of the times, who become hysterical without cause and allow themselves, without stopping to weigh evidence, to drift into excitement, distrust, exaggerated statements and ill advised criticism.

Criticism is never just unless it is based upon a complete knowledge of the motives, purposes and the efforts of the persons criticized and sympathy with the efforts to force this matter before the public, in an effort to make the whole superstructure of Certified Milk give way before an individual case of temporary trouble in one Certified Milk herd, is a perversion of sound judgement.

The Essex County Medical Milk Commission has used its best judgment and has spent many anxious and laborious hours in stemming the tide of these thoughtless attacks by people who know nothing of the history of the pure milk movement started twenty-five years ago by this Commission in this county.

The action of one or two official agencies among the thirty-three in the territory in which this milk is sold in acting independently of the Medical Milk Commission, in pressing the claim that the situation is due to dishonesty and neglect, has been unfortunate. It has been this and the sensational newspaper invited to lend a hand, that have the air malodorous with innuendo and slanting statement, all calculated to disturb public confidence in a useful medical philanthropy.

Soon after the Commission's first statement to the public, a revised statement was issued and, even though this herd was carefully sifted and although enough cows to produce the Certified Milk were segregated in disinfected barns after the second tuberculinization, the Commission deemed it expedient to withdraw the right of the dairyman to use the term "Certified" on his caps. The Commission did not abrogate its contract, however, and this action

does not mean that the Commission's supervision is withdrawn or that the milk is not produced as heretofore under the stringent regulations of the Commission.

Because of the publicity given to the matter and the distrust in the minds of many in the technique of the work of the veterinarian, for twenty-five years a trusted officer, the Commission deemed it expedient to withhold the certificate until the third test of these animals in January. It also determined that, if possible, this work should be done by the Bureau of Animals Industry which, as a court of last resort, would re-establish the confidence which has been disturbed. If, on account of the present epidemic of foot and mouth disease, this assistance must be postponed, the Commission will employ two veterinarians of national reputation connected with universities to do the work.

There were four important reasons for the temporary withdrawal of the certificates: First, to protect the public confidence in the term Certified, it being the link between the public and the Commission; second, to protect, as far as possible, the ultimate interests of a large business which would be seriously menaced if the term was not safeguarded from distrust by its temporary withdrawal; third, to protect the interests of the first Medical Milk Commission which must be defended because of its relation to the pure milk movement; fourth, to protect the interests of the sixty-three other Commissions throughout the United States, each one of which is jeopardized if we cannot maintain the true significance of the term "Certified."

(The Medical Commission has recently secured several able experts who will thoroughly test the Fairfield herd. We will give their report next month.—Editor.)

Editorials from Medical Journals

Prompt Payment of Dues.

From the Texas State Med. Journal.

It is always desirable that members pay their dues promptly, but since the adoption of medical defense it has become essential that this be done. Under the provisions of the By-Laws, no member may be defended by the Council who was in arrears for non-payment of dues when the alleged offense for which suit has been filed, was committel. Indeed, it is questionable whether the Council may properly defend a member whose record has been interrupted by a period of suspension for the non-payment of dues, even though the alleged offense was committed prior to such suspension. While the Council has announced the policy of the broadest possible interpretation of the By-Laws in correcting an evil which the House of Delegates sought to put a stop to by adoption of medical defense, the money it handles is a trust fund, and it is poor policy to be liberal with a trust fund, no matter how popular said liberality may be at the time, not only because it is not right but because there is likely to be a change of sentiment and a consequent reckoning.

It is incumbent not only upon secretaries of

county societies, to make this clear to members. but each member who may realize the situation should endcavor to see to it that his fellow members are properly impressed. The secretary of the local society may take care of dclinquents between January first and the date of his annual report, by crediting all members with payment of dues on the first of January, but the annual report is required by law to be in the hands of the State secretary by March 31st, and after that time it is a matter of permanent record and the one the Council on Medical Defense would have to go by in deciding their liability and rights, in any given case. However lightly we may look upon the advantages of medical defense, it must be borne in mind that lightning strikes in the most unexpected places, and no man knows when he is going to be sued for alleged malpractice. Of the four cases at the present time before the Council on Medical Defense, three had never dreamed of such a thing as a suit for malpractice in their own experience; and as has often been observed before, and as our experience seems to warrant, the majority of such suits filed are against the general practitioner, most of them in the rural districts. This phase of the situation is reiterated because of the oft repeated assertion that medical defense is designed for the protection of the city physicians and those who specialize in surgical operations of a more or less delicate character. We venture the assertion and make the prediction, that each member of the Council on Medical Defense will pay his dues before December 31st.

"Our Enemies."

From the Arizona Medical Journal.

"Medicine is of all arts the most noble, but owing to the ignorance of those who practice it and those who inconsiderately form a judgment of them, it is at present far behind all other arts."

That remark seems very pertinent, yet it is a statement of Hippocrates. We love to de-lude ourselves into the belief that the clause referring to the ignorance of those who practice the art is no longer true. Yet hardly a day passes that we do not notice in our own work or that of others errors of ignorance or carelessness which we could not defend; we still find men treating fractures in the dark, delivering babies with unclean hands, performing surgery on guess-diagnoses, treating tuberculosis for bronchitis or "throat trouble. The medical fraud is in our midst with an M. D. after his name, and is received in the best society, however thoroughly ostracized from medical circles. However, we have the consolation that no worthy work was ever undertaken without the aping of rascally parasite who prostitute the reputation of the medical profession to their own base ends. It is because our work is worthy that it is preyed

Those who inconsiderately judge us are as lively to-day as when Hippocrates lived. If we pursue our way and practice our profession for a living, we are cold-blooded and are neglecting our fellowman. If we take thought of our fellowman and try to save him from disease and error, we are assigned some base

motive; we are advertising, or endeavoring to foster some selfish scheme. If we uncover frauds and show how they are fleecing innocent people, we are jealous or we are slandering them for our own aggrandizement.

The American Medical Association has recently disclosed the connection of a noted churchman to a notorious fraud. The Association gets little sympathy for this, and the church organization rallies to the support of Mr. Patten and, incidentally, to the cheap whiskey sold under the name of Winc of Cardui. The church which fathers this fraud and this faker is, also, the church which has been the chief supporter of the Anti-Saloon League. If this magazine were a saloon sympathizer, we should feel the axiom of the beam and the mote to be very pertinent. But conteinplating the arrant frauds who write M. D. after their names and get away with it, we feel inclined to reflect upon the parable of the pot and the kettle.

Medical Ethics.

From the Arizona Medical Journal, September.

In the city of eight thousand people, there are five doctors; two of these have offices together, the other three practicing independently; one general hospital is in the city. One of these five doctors practices a specialty and administers all the anesthetics at the hospital. The other four doctors are in general practice, each of them doing his own surgery.. one operates, two of the other three assist him, sometimes one corps doing the work, sometimes another. When one doctor leaves the city, he offers his patients their choice among the other doctors to care for them temporarily. The absent doctor knows that when he comes back all his patients will be returned to him, regardless to their wishes in the matter. Further, if, during his absence, one of his regular patients develops a new ailment, no matter whom he calls, the patient will be turned back when the regular attendant gets home. If one doctor is busy when a call comes in, he simply has to say "Call someone else," knowing that after the one call his patient will be returned to him.

Every week these doctors meet in their county society, presenting papers, discussing cases and reviewing the current literature. Every year three of them are at the State meting, leaving the other two to attend the practices of all; sometimes four of them are away, leaving all the work to one man. Each one knows that he will have his patients back when he returns home.

The charity work is cared for in rotation. Ask any one of them about any doctor in the town and you will be told that "He is a good fellow," "Knows his business," "Does good work," etc. Ask them who does the shady work in their town and you will be told that all such work goes to a neighboring city. This is what we would call medical ethics. Practicing our profession as gentlemen among gentlemen, with malice toward none, and, at the same time, a silent or outspoken intolerance for chicanery and malpractice which will drive it from our midst.

Is this picture overdrawn? Those of us who know medical history in Arizona will

recognize the illustration, for it is a fair description of conditions as they exist in one of our cities. If these men have power and influence in the medical affairs of the State—and they have—it is for the simple reason that their professional relations are above criticism and their organization always has a solid front. Such men will always have power, and what they want they simply reach out and take.

Biological Aspects of War. From the Medical Record.

The time is long past when there were many who believed with Shelley that

"War is the statesman's game, the priest's delight,
The lawyer's jest, the hired assassin's trade—."

Whim or momentary passion can no longer be said to precipitate a nation into a fiendish combat with another. The causes of war are deeply rooted in the laws that direct or the difficulties that beset the evolution of the race. The thoughtful physician whose training in the diagnosis of human ills tempts him to essay the diagnosis of the ills that afflict the body politic, may look upon the present insensate war, which has burst with such sudden violence upon almost every country of Europe, with keen interest.

According to Lombroso, war is the lineal descendant of crime. Whether or not this view be accepted there can be no doubt that war is frequently based upon criminal aggression, and is always accompanied and followed by an increase in the crimes perpetrated by individuals. But in a larger sense the socalled poltical causes of war are based upon fundamental racial antagonisms and aspirations. Economic necessity, such as the "law of diminishing returns" in agriculture and the overcrowding of population, may also plunge a nation into the mania of conquest. from these primal causes there are transient but no less potent factors that act as compelling forces in driving an entire people into the throes of conflict. One may speak of national hysteria, of the hypnotic influence of leaders, of the insensate violence of mobs, of the madness resulting from suggestion and imitation, and also of an unreasoning, though perhaps none the less to be respected, national pride.

The physician is interested in war not as a mere spectator but as an active participant. War would be so fearful as to be almost impossible without the ministering arm of the medical profession. It is to be regretted that the very skill which tends to alleviate the horrors of battle is in itself a means of prolonging and rendering more effective its flendish onslaughts. The ingenuity of the gunsmith, the wizardry of the chemist, the daring of the aviator, are all aided by the learning of the physician and the dexterity of the surgeon. Yet, aside from being an indispensable part of an army, the physician is usually inspired by motives of patriotism. He is thus urged on by a twofold impulse—that of service to his country and that of service to his fellow man.

Syphilis and Mortality.

From The Lancet-Clinic, Cincinnati.

Since tabes and paresis have lost their special designation as parasyphilitic diseases, much has been accompanied in tracing different organic diseases to luctic infection. But even a syphilographer like Hallopeau, for instance, has expressed the belief that syphilis has little influence on mortality; and Renault has taken the same stand.

Blaschko was the first to study the effect of syphilis on mortality. Basing his statement on insurance statistics, he considered four or five years as the average curtailment of life from this cause. Leredde, of Paris, in a recent article* brings strongly confirmatory evidence on this subject. His investigations lead to the belief that in Paris, and presumably in other large cities, three-fourths of all cases of angina pectoris are due to syphilis, while the same factor is active in one-third of the deaths from Organic heart disease. The latter proportion applies also to deaths from disease of the nervous system, exclusive of tabes. Chronic nephritis and cirrhosis of the liver are due to syphilis in one-fourth of the cases; and even cancer of the tongue has indirectly the same origin in a large proportion.

Whether arteriosclerosis is due to syphilis is still an open question, but Leredde would class as syphilitic one-half the deaths from atheroma and aneurism. Based on these statistics, an annual toll of four thousand lives in Paris and twenty-five thousand in the whole of France is due to an infection that Leredde counts second only to tuberculosis in its ravages, more terrible than cancer and more to be feared than alcohol.

Scientific Medicine Is "Practical" Medicine. From The A. M. A. Journal.

letter received by The Journal reads: "What is the best treatment for diabetes mellitus?" That is all. There is nothing unique about the letter or the question; it is a sample of queries that come every few days, and illustrates the fact that some men are still treating names. There is a popular notion that a definite treatment has been laid down to correspond to every disease name and that having learned the name of the disease, one has but to apply the treatment prescribed in the text-book. The idea is crude and fallacious that when the diagnosis is made, the treatment is easy, the fallacy arising from the fact that diagnostic analysis is not carried far enough and names alone suffice without a determination of the pathologic condition in all its details. Our present querist appears satisfied with the name "diabetes," qualified, to be sure, by the adjective "mellitus." A little reflection should indicate that this name includes a number of different conditions, the presence or absence of which must decide the plan of treatment to be adopted. Thus diabetic patients differ much in their tolerance of carbohydrates. Some have acidosis and are threatened with coma, others are in no immediate danger. Before deciding on the treatment for any disease the actual conditions requiring relief must be determined, and then the appropriate remedy prescribed. the case of diabetes it must be determined to

what extent carbohydates can be tolerated by the individual patient, as there may be present so great a degree of acidosis that to exclude carbohydrates would be dangerous. If the danger is from intoxication by sugar in the blood, the diet must be regulated to reduce the sugar to a minimum. If acidosis threatens, the proper remedies must be chosen to avert the danger. We are taking this particular letter and the disease it specifies to emphasize a principle; for the principle applies to other diseases—to all diseases, in fact. There is no specific treatment for typhoid fever; even the diet of a typhoid patient must vary according to conditions. The same is true of pneumonia; what will benefit one pneumonia patient may injure Those who conduct the so-called "practical journals," and more particularly the readers of these journals who love so-called "practical matter," should note that more is required of the physician than a diagnosis of the disease by name only. If it were otherwise doctors would not be necessary, for the majority of people can tell a case of whooping-cough, of measles, of typhoid fever, and of other common diseases. The people would need merely to look in a book and see the treatment. doctor is supposed to treat, not a name, but the individual patient and the particular conditions in that patient. There is no "best treatment for diabetes," but what is best for each patient must be settled first by determining the actual pathologic conditions in the individual affected.

Editorials from the Lay Press.

To Make Tuberculosis Sanatoria More Efficient.

From the Newark Evening News.

Methods by which tuberculosis sanatoria may be made more efficient through the employment of their "graduates" are discussed in a series of papers issued by The National Association for the Study and Prevention of Tuberculosis in its official organ, The Journal of the Outdoor Life.

The papers by Dr. Charles F. Bolduan of the New York City Health Department, Dr. Sidney F. Goldstein of the Free Synagogue, New York, and Dr. David R. Lyman of the Gaylord Farm Sanatorium of Wallingford, Conn., show that many tuberculosis sanatoria waste their efforts because they do not care for their patients properly after discharge. Dr. Goldstein found that in one sanatorium in New York, fifty-two per cent. of the work done was literally wasted. Dr. Bolduan's and Dr. Lyman's results showed some waste, but not nearly so large a percentage. The reason for these relapses is found both in the unsanitary home conditions to which the patient returns, and also in the industrial conditions under which he is forced to work.

Dr. Lyman says that the greatest present need in sanatorium treatment is early diagnosis, and that such early cases can usually return with safety and success to their former occupations after discharge from the sanatorium. For certain groups of city patients Dr. Bolduan and Dr. Goldstein favor working

places where they can work at their trades under medical supervision and sanitary conditions.

Experiments of this character are now being considered in several cities. In Philadelphia, the Henry Phipps Institute has opened a small shop for some of its tuberculosis patients. In New York, the joint tuberculosis committee will soon establish an open air clothing factory, and a similar experiment is also projected by the Joint Board of Sanitary Control of the Cloak and Suit Industry.

The Delaware Tuberculosis Sanatorium is considering a hosiery mill for its patients. At Otisville, N. Y., in connection with New York City's Tuberculosis Sanatorium, an industrial colony is also being considered. A successful experiment in pottery making has been carried on for two years at the Arequipa Sanitarium in California.

Longevity and Booze.

From the Bayonne Evening Times, Dec. 15.

The Association of Life Insurance Presidents has been holding its annual meeting in New York. Its members heard the report of an investigation, just completed, to determine the cause of what are known as premature deaths. This refers to deaths that happen sooner than determined by the expectancy of life plans of the experts. This investigation covers the causes of death occurring during a period of twenty-five years among 2,000,000 policyholders of forty-three life insurance companies of this country. The object of it was to determine the types of persons who can be insured safely at regular life insurance rates. It has been purely a business investigation.

The result as reported by Arthur Hunter, chairman of the bureau making the inquiry, show how sadly the use of alcoholic beverages make havoc with life expectancy plans. Below is given a part of his quoted statements:

"Among the men who admitted that they had taken alcohol occasionally to excess in the past, but whose habits were considered satisfactory when they were insured, there were 289 deaths, while there would have been only 190 deaths had this group been made up of insured lives in general. The extra mortality was, therefore, over fifty per cent., which was equivalent to a resolution in the average life of these men of over four years."

Mr. Hunter is quoted further in another part of his statement, showing how Russia may gain by prohibition much more than that country can possibly lose by war. He said:

"If the Government of Russia carries out its present intention to abolish permanently all forms of alcoholic beverages, the saving in human life will be enormous. The loss of 500,000 men as the result of the present warfare could be made good in less than ten years through complete abstinence from alcoholic beverages by all the inhabitants of Russia."

These are opinions and conclusions made under circumstances that give them much value. They are worth more than casual attention. They show how an utterly foolish habit lowers the life value of the individual. And the thing that destroys life cannot fail to destroy character. It cannot fail, moreover, to destroy efficiency.

Medical Science and War.

(From the Evening Times, Bayonne.)

While the war in Europe is by far the greatest in the history of the world and the destruction of life cannot fail to be tremendous, there is satisfaction in considering that, on account of the vast advances that have been made in medical and surgical science in recent years, the percentage of loss will be greatly reduced. Something of the nature of these advances in knowledge may be understood from the following, from a valuable article in the special war issue of the Scientific American of November 7th:

In the Franco-Prussian war the surgeons looked upon the infection of wounds as a matter of course. They regarded th presence of the attendant pus as a necessity, and as long as the pus was what is known as laudable they were satisfied with the condition of the patient. Other patients developed another for mof pus, streptoccal, which caused the doctors of those days gravely to shake their heads and prepare for the death of the patient. Even the best hospitals were not properly ventilated and were filled with the foul odors emenating from infected wounds and gangrene. All this was considered unavoidable. At that time suppuration and kindred complications in wounded men were regarded as of spontaneous origin, although the researches of Pasteur had already pointed the way to a general understanding of the germs. When, at length, purulent infection was found to be the result of germs, disinfectants were brought into use. Carbolic acid was the agent generally employed at first for that purpose, and the attendant success in treating surgical injuries and in performing operations where carbonized dressings were used and the air was subjected to a carbolic acid spray, caused the most profound amazement. .

Therapeutic Notes.

Asthma.

Dr. Huchard in Rev. gen. de Clin. et de Therap. prescribes the following mixture in cases of asthma:

Distilled Water.....28 ounces.

Dose: One teaspoonful morning and night with 1/4 glass of water.

Bronchitis in Children—Recurrent.

Dr. C. C. Kerley excludes sugar to a large extent from the diet particularly if the case promises to be difficult. Cow's milk is omitted entirely or skimmed milk is allowed if the case is obstinate. Children three to six years of age frequently gain from three to six pounds after one removes sugar from the diet and gives milk skimmed or none at all. The carbohydrates and fats in vegetables, cereals, and breadstuffs supply all the heat and energy required. Medium-weight underclothing or linen mesh should be used. The child is given a warm bath at bedtime, followed by a vigorous rubbing and sometimes by massage. Inasmuch as the so-called lithemic type is the individual most frequently affected, children of this type are given interval treatment with bicarbonate of sodium alone or with salicylate of sodium. If habitual constipation is present, a free daily evacuation of the bowels is insured by suitable dietetic and medicinal treatment.-Archives of Pediatrics.

Bronchitis—Acute.

Dr. William Hanna Thomson notes that the indications for treatment in an attack of acute bronchitis are to promote the free flow of the secretions and to allay the spasm. The former indication is met by the use of oils. Of these linseed oil is the best. It is given as an emulsion prepared according to the following formula:

R Irish moss, 1 ounce.

Marshmallow root, 2 ounces.

· Water, 3 pints.

Boil one-half hour; strain to 3 pints; add linseed oil (15 ounces) to make emulsion.

Oil of wintergreen, 2 drams.

Oil of cassia, 2 drams.

Glycerin, 5 ounces.

Simple syrup, 10 ounces.

Dilute hydrocyanic acid, 160 minims (1 minim to each tablespoonful).

The dose of the above is one tablespoonful.

A second formula contains the same ingredients with the addition of the following:

Chloral hydrate, 15 grains.

Magendie's solution, 5 minims to each ounce.

The author has rarely found an attack of acute bronchitis which is not relieved within forty-eight hours by the use of this remedy .--"Clinical Medicine."

Cardiac and Nephritic Ascites-Treatment.

Goodhart and Still recommend the following as useful diuretics in children:-

Tincture of digitalis, f3j.

Solution of acetate of ammonium, f3iss. Spirit of nitrous ether, f3ij. Syrup of tolu, f3ss.

Caraway water, ad f\u00e4iij.

et Sigi: One teaspoonful every two or M. three hours.

Tincture of digitalis, f3j. Theocin sodium acetate, gr. xx.

Spirit of chloroform, m xxx. Glyerine, ad f\u00e4iij.

Peppermint water, ad fziv.

M. et Sig.: Two drams every six hours may be given to a child eight years old.—"Diseases of Children," Med. Record.

Corns.

Resorcinolis,

Acidi salicylici, aa gr. xv. (1 Gm.).

Acidi lactici,

Collodii ricim, aa 3iiss (10 Gm.).

M.

Apply on five or six successive days, soak feet, and remove collodion; the corn usually comes with it. Repeat the process if necessary. No corn, no matter how long it has existed, will withstand this treatment.-Gaucher, in Quinzaine therapeutique.

Cough—Irritable.

A. P. Luff has found the following a useful mixture for the relief of irritable cough, and especially of post-influenzal cough:—

Morphine hydrochloride,
Heroin hydrochloride, of each, gr. 1-24.
Apomorphine hydrochloride, gr. 1-48.
Dilute hydrochloric acid, mv.
Syrup of wild cherry, f3ss.

Chloroform water, enough to make f\(\frac{7}{3} \)ss. This dose should be taken every four hours. The medicine is very palatable and the presence of the hydrochloric acid effectually prevents the precipitation of any of the alkaloids.—Lancet.

Deafness-Progressive-Calcium Salts In.

Dr. Gradenigo, in Presse Otolaryngologique, states that the observation has freugently been made that deafness occurs in some women during or following pregnancy or lactation, apparently the result of lesions of the osseous capsule of the labyrinth similar to those of osteomalacia. Some observers attribute this deafness to functional changes in the glands of internal secretion, especially of the thyroid and parathyroid. Other observers believe that the deafness is the result of an otosclerosis of degenerative origin, and is allied to certain forms of congenital deaf-mutism. Gradenigo inclines to the view that the deafness of pregnancy and lactation is the result of changes in the thyroid and parathyroid and for this reason finds a rational basis for the administration of calcium salts as a therapeutic measure. In a number of cases this method of treatment produced excellent results, He employed daily doses of about three grams of the chloride or lactate of calcium. The hy-. podermic administration is dangerous, frequently leading to abscess formation.

Dyspepsia—Bromide of Sodium In.

According to Dr. Leven, quoted by Med. Press and Circular, dyspepsia and its consequences are due to hyperesthesia of the solar plexus, hence he has employed in the treatment of that common and troublesome affection bromide of sodium as the best sedative of this form of gastralgia. Conjointly with carbonate of bismuth, the salt gives relief independently of all other treatment.

Bromide of sodium exercises its action on various painful gastric symptoms, and can be prescribed with excellent effects in all lesions (ulcer, cancer) of that organ. It acts on hunger pain as well as on spasm of the pylorus, on the painful sensation felt after ingestion of food, as well as that ascribed to hyperchlorhydria. It is a powerful modifier of all spasms localized to the digestive tract—pharyngeal, esophageal, gastric, intestinal. These spasms exist without any lesion, and are frequently due to flatulence and constipation.

a tablespoonful in the middle of the two principal repasts where the gastric spasms or lesions require prolonged contact of the salt with the mucous membrane of the stomach.

If, on the contrary, it is advisable to act on the nervous system in general, it is preferable to give the solution in a little water half an hour before meals, so that it may pass through the stomach as quickly as possible. The bismuth is given between meals in drachin doses.

Insomnia—"Don't's" in Treatment of.

Dr. H. Crichton emphasizes three points in the treatment of insomnia: (1) Never let the insomniac drug himself. (2) Never let him know what he is getting or how much. This is necessary, so that the physician or nurse can adjust the dose without the knowledge of the patient. (3) Never under any circumstances allow the patient to go to sleep with the hypnotic by his bedside, with the idea that he will not take it unless he needs to. It means that the patient's mind is started on a train of speculation as to whether he will or will not need the drug, even after the light is out and conditions are favorable for sleep. The patient will probably say: "I will not take it now; I will wait another half hour." The upshot of this is that the wretched patient gets five hours' sleep instead of eight, because during three hours the draught was in the bottle instead of in his stomach.-Medical Press and Circular.

Machinery Wounds-Cleaning Of.

In removing the paint, dirt and grease incident to machinery accidents, spirits of turpentine makes one of the best cleansing and antiseptic agents for removing grease and oils that are so ground in as to be almost impervious to soap and water. There has recently come into vogue the application of diulted tincture of iodine to just such injuries as above alluded to, with results as good in many instances as the old plan of scrubbing with green soap, manipulating the parts and trying to get rid of materials that are practically ingrained into the tissues. In fact, the extensive scrubbing of very painful and lacerated wounds and injury is giving away to less heroic washing and brushing at the first-aid treatment.—L. Sexton, in The Virginia Medical Semi-Monthly.

Tonsillitis—Follicular.

Dr. W. Lapat, of New York, in a paper in the Medical Record, says: For the past year and a half I have been laying a great deal of importance on the early and active local treatment of this disease, looking upon it in the first few years as a local infection and treating accordingly by applications which would tend to destroy the action of the bacilli. The drugs which have given me excellent results are hydrogen peroxide and a solution of the tincture of iodine, which is 5 per cent. stronger than the official tincture. A number of those cases which I have seen early I have been able to abort. The hydrogen peroxide I use on a cotton applicator to remove the patches from the tonsils, then with another applicator 1 apply the iodine into the crypts, taking care that none of it flows into the pharynx. These applications are made twice a day on the first two days, and at the same time the patient uses a spray of icthyol as follows:

 Icthyolis
 8.0

 Olei anisi
 0.2

 Aqua anisi, ad
 60.0

M. Sig: Shake well and use as a spray every two hours. This is a mixture used by Dr. J. Abraham of the Polyclinic and I find that it has an excellent effect on the reactionary inflammation in the mouth and pharynx.

The general treatment should be carried out as in any other acute infection; the patient must be put to bed and kept there until all symptoms have disappeared. Calomel is given at the outset, diaphoretics for the fever, and the various complications should be treated as they arise. It is especially important that one should be on the lookout for the slightest sign of joint implication, as most of the serious results have been due to this cause.

Hospitals.

The Bayonne Aid Progressive Association has decided to donate to the support of the Bayonne Hospital a per capita tax of 20 cents annually and has sent to the trustees its first check of \$22.95.

Dover General Hospital.

The officials of this hospital recently took action for the establishment of an auxiliary association. The women of the hospital board made a personal canvas of the town and obtained pledges of most of the women visited to join the auxiliary as contributing members. They have since met and organized.

German Hospital, Newark.

The annual report for 1914 shows: Number of patients treated, 1,056, of whom 524 were male patients and 532 females. Of the whole number there were 366 male surgical cases and 464 female, while 158 men and 68 women were cared for in the medical department The births in the hospital number 107, 57 being male infants. The deaths totaled 77, 55 men and 22 women. The operations performed numbered 585, while 2,061 patients received treatment in the hospital clinic. Five nurses were graduated from the hospital training school during the year and twenty apprentice nurses are now undergoing training.

Mercer Hospital Staff.

The board of directors of Mercer Hospital elected last month the following staff: Dr. George H. Parker, medical director; consulting surgeons, Drs. T. H. Mackenzie, J. M. Wells; consulting physicians, Drs. S. S. Stryker, W. A. Clark; consulting neurologist, Dr. H. A. Cotton; attending surgeons, Drs. H. B. Oliphant, G. H. Parker, D. B. Ackley; attending physicians, Drs. I. R. Moore, P. L. Cort, W. A. Taylor, W. A. Newell; gynecologists, Drs. J. B. Shaw, E. S. Hawke; ophthalmologists, Drs. C. F. Adams, C. J. Craythorn; rentgenologist, Dr. C. H. Holcombe; Pathologist, Dr. F. L. Hammond; anesthetist, Dr. W. A. Taylor.

Assistant staff—Drs. F. S. Watson, L. H. Rogers, P. E. Kuhl; surgical, Drs. F. G. Scammell, C. J. Slack, R. W. Davison; gynecological,

Drs. R. H. C. Phillips, A. D. Hutchinson; ophthalmological, Dr. D. M. Yazurian; pathological, Drs. C. H. Waters and W. A. Newell.

Auxiliary staff—Eye, Dr. D. M. Yazurian; medicine, Dr. L. M. Potts; surgical, Drs. W. Watts and L. H. Rogers; nerves, Drs. E. B. Funkhauser and C. B. Farrar.

Millville Hospital.

This new hospital was opened for inspection on Saturday, January 16th, and the register books showed the names of 1,920 visitors, but as large numbers could not register it was thought nearly twice that number visited the hospital that day. The inspection day was a "Donation Day" and that proved as successful in amount as the visitors were, in number, provisions and money being brought.

This hospital was made possible by the gift of \$10,000 by Henry A. Dix, of New York, a former resident of Millville who with his wife was present. He declared as he saw the outcome of this gift, that that day was the happiest day of his life, and added, "I knew it would have to be nice, but I had no idea that it would be as nice as it is." He and his two sons enrolled as members of the hospital Association at \$25 per year, and he will also provide the uniform for the nurses. Mrs. Dix became a member of the Ladies' Auxiliary for the same amount annually. The first patient arrived at the hospital the next day and was operated on the following day.

The hospital cost about \$18,000; it provides for forty patients and it is thoroughly equipped.

Overlook Hospital, Summit.

This hospital, so successfuly conducted by Dr. William H. Lawrence for many years, was transferred by him. January 1st., to the Summit Hospital Association, governed by a board of trustees of citizens of Summit and neighboring towns. The money to purchase the hospital was raised by the campaign conducted last June when \$125,000 were contributed.

St. Francis Hospital, Jersey City.

The campaign committee of the golden jubilee fund of St. Francis Hospital, which sought to raise at least \$25,000 for that fund, has announced its complete success, an amount exceeding that sum having been subscribed.

Social Service in Hospital Work.

From the Newark Evening News.

Some years ago the following conundrums were among a number propounded at a meeting of the American Hospital Association:

"If a tenement-house can kill a baby as well as a germ, can a hospital afford to have a bacteriologist without a social service department?

"If you discovered in your eye clinic that forty per cent. of the patients who were found to need glasses did not secure them, on what page of your annual report would you publish the fact?

"If a widow with children to support needs a vacation as well as Rx. iron or nux vomica, will you send her with your prescription to the social service department or to the apothecary?

"If a patient with advanced tuberculosis is

sent from your medical clinic back to his crowded home and workshop, how long do you think it will take to get a positive diagnosis on one of his eight children?

"If a discharged cardiac case is readmitted to a hospital six times within two years, and at the seventh admission the man is found to have been living all the time five flights upstairs, will the superintendent want social service department to investigate the home conditions of the patients and save the \$400 which the readmission cost?"

which the readmission cost?"

Briefly, the work of the social service department of a hospital is of two kinds: Helping patients whose social problems are evident and acute—present poverty, neglect by parents, need for special othopedic apparatus, tactful adjustment of family misunderstandings, placing children in suitable care during a mother's illness, either directly or through co-operating with non-medical charities which are interested.

The clinical type of work—talking with patients, interpreting their social problems, explaining to them in the clinic what they need and what they can reasonably do with the doctor in helping themselves or their children; sending notes or postal cards, or going to the home in order to bring a patient back for treatment; investigating histories in order to assist the physician to make a more efficient diagnosis; inspecting living conditions in order to see that medical treatment is properly reinforced; seeing that treatment prescribed, of whatever sort, is made possible when patients are not inmates of hospitals.

Social service has been a recognized valuable factor in hospital work for a period now of a little better than nine years. It is in operation in the larger hospitals of a majority of the principal cities of this country. The greater proportion of the physicians of Newark have avowed themselves as in favor of its installation in the local hospitals. A start in this direction has already been made in the Eye and Ear Infirmary. The need now is for an appropriation.

Functions of a City Hospital.

A pamphlet issued by the Department of Public Welfare of the City of Cleveland deals with the history, functions and possiblities of the Cleveland City Hospital. The following statement, copied from The Journal of the American Medical Association, indicates that those in charge of this hospital have a clear conception of the invaluable service to the public which can be rendered by a great municipal hospital if properly conducted: "A municipal hospital is an institution of organized society provided by a city to care for the sick. It is but a medical means to a social end, and this end-public welfare-must never be forgotten. The modern hospital has outgrown the narrow field of boarding and treating sick people, and the time has come when a proper city hospital can no longer passively receive the sick from the community at large, without regard for the reason why they became sick, use them chiefly as material and often discharge them without the slightest interest in their convalescence and rehabilitation wholesome living and working conditions. Hospitals more than any other social agency

accumulate the evidence against the dangers to life in the community, dangers from contagion, from ways of living and from industry, and they must feel the responsibility to study this evidence and become leaders in the progress of prophylactic medicine. The idle convalescent is of no more value in a community than the bedridden and scarcely less expensive to support. It is not only charity and social service, but also sound economy for a city to supervise convalescence; to make it such that the patient can return to his work the sooner. A city hospital of to-day must continue to give to a community scientific care for its sick and must afford opportunities both for scientific investigation and for the education of physicians, nurses and orderlies. But above all, it must, through its social service work and through co-operation with all other community social agencies, give a watchfulness over public health and results that will result in more days of life, work and happiness to its citizens.

Drugs Used in General and Mental Hospitals.

Dr. D. Gregg, in the Boston Med. and Surg. Journal, states that the problems in medication at mental hospitals lie in the refinement of the use of drugs for purposes of elimination, in decreasing auto-intoxication, and in rectifying pathological action of the internal secretions. In elminating substances from the body there is ample chance for skillful medication. There are cases needing mechanical relief by enemata, cases needing to have the fluids drained off by purges, and cases that are already dessiccated and need more fluid, although still requiring relief from intestinal stasis. There are acute cases that many even need to be bled to reduce their fluids, or to have lumbar punctures done to lessen an excessive amount of cerebrospinal fluid. There are cases where autointoxication arises from infected teeth or tonsils, or from misplaced or adherent intestines. There are cases where presumably the thyroid, thymus, or pituitary glands, or the reproductive organs, are not functioning properly. In all these directions lie problems in medication for cases in mental hospitals. General hospitals have many lessons to learn from mental hospitals, especially in the management of the deliria. Not the least of these lesions is that depressants, stimulants, and restraint lesions, whereas baths, packs, and elimination greatly increase a patient's chance for recovery.

Medico-Legal Rotes.

Disqualification of Physicians as Witnesses.

The Arkansas statute, Kirby's Dig., Sec. 3098, provides that no person authorized to practice physic or surgery shall be compelled to disclose any information which he may have acquired from his patient while attending him in a professional capacity, and which was necessary to enable him to prescribe as a physician, or to act for him as a surgeon or trained nurse. In an action upon a life insurance policy it was held that where the insured's attending physician requested another physician to accompany him on a visit to the insured in order that the attending physician might have

the benefit of the other's opinion with reference to the insured's condition, and both examined the insured and consulted concerning his ailment, both were disqualified to testify in the case.—Mutual Life Ins. Co. v. Owen, Arkansas Supreme Court, 164 S. W., 720.

Malpractice-Insufficient Evidence.

In an action for negligence against a physician for closing a wound without first removing a piece of gauze, the petition charged "the 'defendant' negligently and with gross negligence, unskilfully and unprofessionally 'closed' the wound made by said operation, without first removing therefrom" a piece of gauze. It was proved by the plaintiff's own testimony that the wound was not closed by the defendant, and was not closed by nature until long after the plaintiff had left the care of the defendant. The expert called by the plaintiff refused to testify that the presence of the sponge was hurtful or leaving it where the defendant did, showed negligence. In fact, there was no evidence whatever that the presence of the sponge had been injurious. Judgment for the plaintiff was, therefore, reversed, it being held that the evidence was insufficient to go to the jury.—Boner v. Nicnolson (Mo.), 161 S. W., 309.

Liability for Medical Services to Another.

In an action for medical services, the controlling issue in the action for medical services, the controlling issue in the case was whether the defendant contracted, as an original undertaking, to assume liability for medical services to be rendered in behalf of another by the plaintiff, who was a physician. The evidence authorized a finding that, even if the defendant did not expressly contract to pay the plaintiff for medical services rendered the defendant's son (who was sui juris), it was at least understood by both the plaintiff and the defendant that the plaintiff would not perform further services unless he was employed by the defendant; and the defendant, by accepting the contract, upon the condition and in the sense in which he knew it was understood by the plaintiff, must be held to have assented to it in that sense. - Reinschmidt v. Dorough, Georgia Court of Appeals, 81 S. E., 252.

Action for Services-Implied Contract.

In an action for professional services, it appeared that the plaintiff, a physician and surgeon, was called to a hospital late one night by some person to attend the minor son of the defendants. The son had received an injury, and an immediate operation was neces-The plaintiff performed the operation with the acquiescence of the defendants and continued to treat the patient with their knowledge and assent. The defendants were liable upon implied contract, but the plaintiff's complaint alleged that the services were rendered at the special instance and request of the defendants. It was held that the addition of this allegation made the pleading one upon both express and implied contracts, and did not defeat recovery upon the implied contract.—Lufkin vs. Harvey, Minnesota Supreme Court, 147 N. W., 444.

Marriages.

HERITAGE-NOCK .-- At Glassboro, N. J., November 11, 1914, Dr. Charles Shivers Heritage to Miss Annie Whitney Nock, both of Glassboro.

RANDALL-CURREY .- In Spring City, Pa., December 31, 1914, Dr. Robert Wesley Randall, of Hackettstown, to Miss Rebecca T. Currey, Spring City.

VAN VRANKEN-CAMWELL. - At Passaic, N. J., December 25, 1914, Dr. Gilbert Van Vranken to Miss Rose Camwell, both of Passaic.

Deaths.

ROGERS.—In Trenton, N. J., January 14, 1915, Dr. Richard Runyon Rogers, after an ill-

ness of eight weeks, aged 91 years.

Dr. Rogers was born on September 15th, 1823, in West Windsor Township, Mercer County. He was the son of the late Ezekiel and Mary (Runyon) Rogers; he lived on his father's farm until he had attained his majority, acquiring his education at the district school. For several years after attaining his majority he was engaged in a general country store; during this period he was also school superintendent of the township and a Justice of the Peace. In 1850 he held the office of postmaster at Edinburgh; two years later he was elected Surrogate of Mercer County for a term of five years, and in 1857 was re-elected to the same office.

It was during this last term as surrogate that he pursued the study of medicine and after attending the usual lectures graduated from the Medical Department of the University of Pennsylvania in the spring of 1862.

President Lincoln then appointed him examining surgeon of the Second Congressional District of New Jersey, and he filled that office until the end of the war. He also entered upon the practice of his profession in Trenton immediately after graduation, where he met with great success. Dr. Rogers cast his first vote in 1844 for Henry Clay, and he voted for every Republican presidential candidate since. In 1872 he was elected by the Republican Party to the Legislature where he served one term. In 1878 he was elected Common Councilman from his ward and served in that capacity for six years. Dr. Rogers was also county physician in the sixties. He became a member of the Mercer County Medical Society and of the Medical Society of New Jersey in 1865. He often represented his county society at the annual meeting of the State Society. In 1895 he was elected a permanent delegate of the State Society.

Dr. Rogers was the oldest practicing physician in Mercer County, having practiced medicine in Trenton more than fifty years. He was also at one time on the medical staff of the St. Francis Hospital.

In 1844 Dr. Rogers was married to Mary A. Hutchinson, of Mrcer County, who died several years ago.

He was a charter member of Fred D. Stuart Lodge, No. 154, I. O. O. F., and also a member of the Mercer Lodge, No 50, F. and A. M., Cresent Temple, Ancient and Arabic Order Nobles of the Mystic Shrine and Palestine Commandery, No. 4, Knights Templar; Three Time Three Chapter 5, Royal Arch Masons, and Moradabad Council, No. 1, Princes of Calinbs.

He was a prominent church worker and had been a member of the Third Presbyterian Church, Trenton, for more than sixty years.

Two daughters, Mrs. Catherine Garrison of Rahway and Mrs. James Barnard of Trenton survive. His funeral service was held January 18th. Drs. N. B. Oliphant, W. A. Clark, J. J. McGuire, T. H. Mackenzie, E. E. Barwis, and W. S. Lalor served as pallbearers. The Mercer County Society members attended in a body.

The Trenton Daily Gazette in an editorial says: "Death has taken from Mercer County one of its most distinguished and respected citizens in the person of Dr. Richard R. Rogers.

"Dr. Rogers died at the good old age of ninety-one years, and up to within a few days of his death his mind was as clear and as vigorous as it ever was.

"This man, remarkable for his mental and physical activity, spent his entire life in Mercer County and the greater number of his years in the city of Trenton. He was a faithful public servant in several capacities. He was postmaster, school superintendent, justice of the peace, surrogate, a member of common council, a member of the legislature, and twice a member of the Trenton Board of Health.

"He was one of the oldest practicing physicians in the State of New Jersey and the oldest in the County of Mercer. He was respected by many men and women in this community at whose birth he officiated. He was the physical guardian of their children and enjoyed a degree of confidence that is accorded but few men in professional life. Possessing a cheerful and sympathetic disposition, Dr. Rogers made many friends and no enemies. His life was a righteous one, and he entered the valley of the shadow with the resignation of a true philosopher."

SAYRE.—At Red Bank, N. J., January 11, 1915, Mrs. Elizabeth H. Sayre, wife of Dr. Jeremiah E. Sayre.

WILSON.—At Somerville, N. J., January 2, 1915, Dr. Joseph Hunt Wilson, aged 86 years. He was born at Washington, N. J., graduated from University of New York Medical Department, 1850. He went to Somerville in 1870, but did not practice medicine there.

Personal Notes.

Dr. William H. Areson, Montclair, was recently elected a director of the First National Bank of Montclair.

Dr. William W. Brooke, Bayonne, was elected last month a director of the South Hudson Bank.

Dr. Edward W. Closson, Lambertville, has been elected a director of the Lambertville National Bank.

Dr. Fred M. Corwin, Bayonne, addressed the

Men's Club of the First Reformed Church recently on "Medical Inspection of Pupils in Schools."

Dr. James Douglas, Morristown, has been reappointed health physician of the city by the Board of Health.

Dr. Frank M. Donohue, New Brunswick, was re-elected last month a director and vice-president of the People's National Bank.

Dr. Lucius F. Donohue, Bayonne, was reelected a director of the Mechanic's Trust Co. of that city.

Dr. Matthew K. Elmer, Bridgeton, was elected a director of the Cumberland National Bank of that city.

Dr. Walter P. Glendon, Bridgeton, was elected a director of the Farmers' and Merchants' National Bank of that city.

Dr. Roland I. Haines, Camden, returned last month from a trip to Florida.

Dr. Walter J. Jaquith, Chatham, has been elected medical director of the Prudential Insurance Co.

Dr. Morris H. Leaver, Quakertown, has been elected a director of the Hunterdon County Historical Society.

Dr. James M. Maghee, West Orange, was recently elected a director of the First National Bank of West Orange.

Dr. Winthrop D. Mitchell, East Orange, was elected a director of the East Orange National Bank.

Dr. Clarence A. Plume, Succasunna, has been appointed physician of Randolph Township.

Dr. George L. Romine, Lambertville, has been re-elected director and vice-president of the Lambertville National Bank.

Dr. John D. Ten Eyck, Bradley Beach, has been reappointed school physician by the local Board of Education. Dr. Ten Eyck is also a member of the city council.

Dr. O. H. Sproul, Flemington, has been reelected a trustee of the Hunterdon County Historical Society.

Dr. August A. Strasser, Arlington, addressed the Woman's Club of Dover, last month, on "The Control of Cancer."

Dr. George H. Sexsmith, Bayonne, was elected last month a director of the Bayonne Trust Company.

Dr. William Perry Watson, Jersey City, has been re-elected consulting medical director of the Prudential Insurance Company.

Drs. Stacy M. Wilson and David H. Oliver, Bridgeton, were elected directors of the Cumberland Trust Company last month.

Drs. Stanley R. Woodruff and Thomas H. Reynolds, Bayonne, were elected in January directors of the South Hudson Bank.

Dr. Wells P. Eagleton, Newark, discussed a paper on "Metastatic Conditions Complicating Suppurative Otitis Media," at the December meeting of the N. Y. Academy of Medicine.

Dr. Frank D. Gray, Jersey City, at the annual meeting of the American Association of Obstetricians and Gynecologists, discussed a paper on "Operative Findings in Chronic Intestinal Stasis."

Dr. James B. Griswold, Morristown, was seriously ill at the Memorial Hospital last month, following an operation. He is recovering

Dr. Samuel C. Haven, Morristown, and wife

recently returned from a visit to Atlantic City. Dr. E. Lucas Henion, Paterson, spent a few days last month with Dr. L. S. Burd, at Ogdensburg.

Dr. Bruno Hood, Newton, was elected last month a director of the Newton Trust Com-

Dr. George L. Johnson, Morristown, has recovered from a severe attack of grip, after a restful trip South.

Dr. Ephraim Morrison, Newton, last month was elected a director and president of the

Merchants National Bank.

Dr. Nelson B. Oliphant, Trenton, wife and son, spent a few days in Philadelphia recently.

Dr. Norman B. Probasco, Plainfield, and wife spent a few days at Atlantic City last month.

Dr. Margaret Sullivan, Jersey City, was appointed last month a member of the local Board of Education.

Dr. Martin J. Synnott, Montclair, has resigned as a member of the Essex County Medical Milk Commission.

Dr. Maria H. Vinton, East Orange, chairman of the State Public Health Education Committee, delivered a lecture before an audience of 250 at the State Normal School. Millersville, Pa., last month on "Work, Play and Exercise for Children," illustrated with many lantern slides.

Dr. Robert H. Woodruff, Hackettstown, was elected last month secretary of the Hacketts-

town Club.

Dr. Walter G. Alexander, Orange, has been appointed by Gov. Fielder, one of the delegates to represent New Jersey at the Exposition of the Negro Historical and Industrial Association to be held in Richmond. Va., beginning July 4th.

Dr. Edgar A. Allen, Lafayette, declined reappointment as physician to the Sussex County Almshouse at the salary of \$150. Last year he furnished out of that salary more than \$50 of medicines.

Dr. Guy O. Brewster, Dover, delivered an addressed recently on "Why Men Vote Instead of Women," at St. Thomas' Church, before the Men's League.

.Dr. Eustace C. Butler, Bloomfield, recently returned from an automobile trip through Northern Connecticut.

Dr. Wellington Campbell, Short Hills, has been reappointed township physician.

Dr. Arthur J. Casselman, Atlantic City, has a paper in the A. M. A. Journal, January 23, on "Unheated Vaccines."

Dr. Linn Emerson, Orange, has his paper on "Operations for Cleft of the Hard and Soft Palate," in the A. M. A. Journal, January 23, as read at the A. M. A. annual meeting.

Dr. Ira T. Spencer, Woodbridge, and wife entertained the Salmagundi Literary and Musical Club recently.

Dr. Marcus Farkas, West Orange, in his annual report as health inspector, recommended that adults be vaccinated every ten years and school children every seven years.

Dr. Alexander McAlister, Camden, was recently elected first vice-president of the Medical Club of Philadelphia.

Dr. William Martin, Atlantic City, was elected second vice-president of the Philadelphia Medical Club in January.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Fever, Its Thermotaxis and Metabolism; by Isaac Ott, A. M., M. D., Professor of Physiology Medico Chirurgical College, Philadelphia; Member of American Physiological Society; Ex-President of American Neurological Association, etc., etc. Cloth, 166 pages, Price \$1.50 net. Paul B. Hoeber' Medical Publisher, 67-69 East 59th Street, New York.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago, Volume III. Number 6. December, 1914. Philadelphia and London; W. B. Saunders Company, 1914. Published Bi-Monthly. Price per year: Paper, \$8.00. Cloth, \$12.00.

MEDICAL EXAMINING BOARDS' REPORTS

Examined. Passed, Failed. Arizona, October 10 6 4 Arkansas, November*. 5 4 California, June 88 60 28 Colorado, October ... 0 Illinious, October ... 118 103 Massachusetts, Sept 51 20 31 North Carolina, June 118 81 37 Oregon, July 73. 44 29 Rhode Island, October 10 Q West Virginia, July... 32 34 2 West Virginia, October 11 *By the Arkansas Eclectic Board.

A New Departure in Medical Licensure.

"The unsatisfactory result of the conventional methods for drafting laws for the regulation of the practice of medicine have been generally admitted. In many states, the introduction of bills providing for separate boards and different standards for each new and fantastic sect or cult has become an expected feature of every session of the legislature. Yet the growth of knowledge regarding preventable diseases, and the increasing appreciation on the part of the public of the importance of state efforts for the conservation of life, are developing an appreciation of the importance of regulating equitably and permanently the licensing by the state of those who desire to treat the sick for compensation.

"As an executive and as a member of both houses of the state legislature for many years, Hon. George H. Hodges, Governor of Kansas for the last two years, has had an extensive opportunity for consideration of this question. Realizing the unsatisfactory condition of the practice laws in most of the states, the governor appointed a commission to consider the entire question and to draw up and recommend for passage a bill providing a single standard for all persons desiring to treat the sick, regardless of the school of practice to which they might belong. On this commission were appointed Dr. J. A. Milligan of Garnett, formerly a member of the state senate; Dr. J. E. Sawtell of Knsas City; Prof. W. L. Burdick of Lawence, dean of the law school of the state university; Hon. Fred D. Smith of Hutchinson, formerly speaker of the House of Representa-tives, and Mr. F. T. Ranson of Wichita, president of the Stock-yards National Bank. This commission has drafted a bill providing for a preliminary examination of all persons desiring to practice medicine, surgery or any other form of healing art. The bill provides for a board of preliminary examination, made up of the chancelor of the state university, the president of the state agricultural college and the president of the state normal school, ex-officio. who shall examine all persons desiring to treat the sick in any way. Any persons seeking a license from the state medical board, the board of osteopathy, the board of chiropractic or any other board must first satisfy the board of preliminary examination that he has had a four years' course in some reputable or established high school or its equivalent, and has spent at least four years of at least eight months each at some reputable professional school which includes in its course anatomy, physiology, pathology, surgery, obstetrics, chemistry, bacteriology, symptomatology, diagnosis, urinalysis, hygiene and sanitation. Suitable sections for the administration and enforcement of the act are included, together with sections amending the medical practice, osteopathic and chiropractic laws so as to make them uniform with the proposed bill.

Medical practice acts are primarily and solely for the good of the public. The report of this commission, and the bill which it has drafted, The Journal of the American Medi-cal Association believes, "marks an epoch in medical legislation." It is the first distinct recognition of two important principles which must sooner or later dominate such legislation in all of our states. The first is the necessity and equity of a single standard for all persons, regardless of "schools," and by inference, the inequity of different standards for different schools. The second and equally important principle is that the examination and licensing of persons desiring to treat the sick for compensation is not a medical but an educational problem. The recognition of this fact in the designation of the three leading educational authorities of the State as the board of preliminary examination is a most important step in the development of better conditions in state regulation of the practice of medicine."

Public Health Items.

Scarlet Fever in Rumson.

There has been this month an epidemic of scarlet fever in Rumson Borough, about twenty cases are reported as occurring up to January 24th.

Infant Mortality in Elizabeth.

The rate of infant mortality in Elizabeth was lower last year than during any year in the history of the city, according to the report of the Board of Health. A striiking contrast is noted between the record of 1912, with an infant mortality of 161.9, and 1914, with a mortality of 115.7 per 1,000. In 1912 the Board of Health began the work of supervising the city's milk supply after modern methods. In Elizabeth now all milk sold in stores must be con-

tained in bottles, and the bottles must be kept in an icebox.

Dover, N. J. reports a death rate of 7.58 per 1,000 during 1914. There were 69 deaths reported, six of which were non-residents; there were 186 cases of communicable diseases.

were 186 cases of communicable diseases.
Summit reports a death rate of 11.83 per 1,000. There were 132 deaths, only 99 were of local residents. There were 42 tuberculosis; 3 each of scarlet fever and diphtheria, 11 typhoid fever, 176 measles and 60 whooping cough cases reported.

Periodical Examination and Preventive Medicine.—Preventive medicine in order to be of the greatest service to mankind must insist upon the medical examination of every citizen once or twice a year. It is the only thing which will reach the root of the evil.

-Victor C. Vaughan.

Uses Served by Morbidity Reports.—In some diseases morbidity reports make it possible to see that the sick receive proper treatment, as in ophthalmia neonatorium, diphtheria, and in certain cities tuberculosis. The reporting of cases of ophthalmia in the new-born makes it possible to save the sight of some infants who would otherwise not receive adequate treatment until after such damage had been done. In diphtheria the health department can be of service in furnishing antitoxin. Some cities furnish hospital or other relief to consumptives who would otherwise be without proper treatment.—John W. Trask in Public Health Reports,

Public Health Education.

The Committee on Public Health Education of the Medical Society of New Jersey, held its organization meeting in November. The members of the committee from North Jersey were present-Drs. Frank W. Pinneo, of Essex County; Emma Clarke, of Morris County, and Maria M. Vinton, chairman. The counties of the State were divided among the members of the committee with the object of securing a Public Health Education Committee in cach county society. The objects presented for the coming year were: The education of the laboring man on occupational diseases, prevention of tuberculosis, etc., and the information of the public on health matters through articles published in the daily papers written by physicians and correctly representing medical matters and preventive medicine. Enthusiastic work in these lines has been begun by P. E. Committee of the Essex County Society and several lectures are being arranged to be given before labor unions.

Sanitation on the Isthmus.—The report of Dr. Charles F. Mason, chief health officer of the Canal Zone, states that during October the total number of deaths from all causes among the 38,416 employees was 23, of which 15 were from disease, giving a rate of 4.68 per thousand, as compared with 5.31 for the preceding month and 5.14 for the corresponding month in 1913.

State and Municipal Health Service. From American Medicine.

Reorganization of State and Municipal

Health Services is a crying need which Prof. Whipple incidentally mentions. The future health officer will necessarily have no income except his salary which must be large enough to support him and to attract the grade of men demanded by this important work. Small communities cannot afford to pay a man to keep the healthy—at least they short sightedly claim they cannot. It is said that the average monthly salary of health officers in New York is sixty-nine dollars, or thereabouts, and perhaps many of them are overpaid for the amount of work they do. Villiages prefer to get sick and pay more to doctors for cure, or do without help for economy's sake. But this must be said in favor of those who hold the purse strings,-they are more than liberal whenever convinced of the need. A little sensible advisory talk now and then is what they ask. Professor Whipple mentions the successful plan of several small adjoining villages or cities combining to employ the same sanitary advisor and executive. Unfortunately the medical profession looks on the salary of the local job as their personal property, whether they are fit for the work or not. They have fixed the law so that one of them shall get the pay, but have done nothing to see that the public gets the right man. New York State's new sanitary districts, each with a supervisor, may be a step in the direction of abolishing the local offices or at least some of them. A man with an automobile can cover the field of a half dozen or more communities, if he has the ability to make the clerks do the trivial routine now expected of him. Adjoining communities infect each other and are sadly in need of co-operation. The whole subject of public health administration is now undergoing serious study everywhere and we can confidently predict revolutionary changes and very great prolongation of efficiency and life. We want more articles like Whippie's.

Value of Whole-Time County Health Officers

North Carolina was one of the first states to employ whole-time county health officers. A recent bulletin of the State Board of Health gives an indication of the value of the service rendered by such officers in improving health conditions and reducing the death-rate. In Robeson county, in which Dr. Boney W. Page, Lumberton, is the whole-time county health officer, the death-rate was reduced from 18 per thousand in 1912 to 12 per thousand in 1914. The reduction in the number of deaths from various diseases for 1914 as compared with 1912 was as follows: tuberculosis, 147 to 70: diarrheal diseases of infants, 90 to 65; typhoid fever, 33 to 9; small-pox, 16 to 1; diphtheria, 14 to 3; whooping cough, 35 to 9; pneumonia, 130 to 85; total from all diseases, 907 to 730. This showing is made in the face of the fact that 55 per cent of the population of the county consists of Indians and negroes, and that the death-rate of the negroes is over 40 per cent. higher than that of the white population, and also that the country lies in the malarial area. The death rate from malaria has been reduced 75 per cent. The saving in lives is said to represent a money value of \$290,000.

Chicago Health Board Rules Concerning Pneumonia.

Pnemonia will occasionally spread a good deal in a hospital ward. It can be caught from those that are sick with it and also those that have had it. So then, if a person has pneumonia:

"1. Report it to the Department of Health, giving the name, address, disease and other information asked for on the contagious disease card.

"2. Put the patient's bed where plenty of fresh air can blow over the patient, just as you do for a consumptive. A good draft is good medicine.

"3. Get rid of the rugs and curtains and

other things which encumber the room.

"4. Keep the patient's mouth, nose, throat

and teeth clean.

"6. Keep all unnecessary people away from the patient.

"7. As the patient gets well keep cleaning the teeth, mouth and nose and burning all the

spit.

"8. The recovered patient must always thereafter refrain from spitting recklessly; from overdrinking; from breathing bad atr and from neglecting his 'colds'—for pneumonia once helps toward pneumonia twice. Then, in thinking of pneumonia, remember that it comes to those who do not kepp themselves right and also that those who have it pass it on to others."

No Tenderness for the Fake Medicine Venders.

If the Board of Health fails to adopt Dr. Goldwater's amendment to the sanitary code to check the fake medicine quacks when it comes up on December 31 that body will miss a great opportunity for public service. The Health Commissioner has done much to broaden and quicken the activities of his department. In nothing he has undertaken has he attempted a bigger or more important task than when he joined with The Tribune in the effort to put an end to the deliberate jobbery and robbery of thousands of people each day through fake medicines.

The fake medicine business represents profits -fat profits-for many concerns, directly and indirectly. It represents also deception and fraud, swindles and deliberate, calculated obtaining of money under false pretences, as The Tribune has shown. It exploits sickness and suffering for the sake of gain and leaves the victims in worse case physically and financially than when they began experiments with the "cures." There should be no tenderness for those who make money in such devious, dangerous ways. Halfway measures should not be considered. Dr. Goldwater's attitude is well known-he is not for handling the manufacturers or dispensers of these fake medicines with gloves. The Board of Health should stand by him.

Fighting for Their Right to Cheat the Sick.

The patent medicine interests posses millions of dollars. They act together and have acted together for years in keeping open the market for their swindling "cures." They align in their support newspaper and magazine proprietors, who get handsome revenues from their fraudu-

lent advertisements deluding the sick and dying.

Through the country editor, who will lose his advertising if legislation inimical to their business is passed, the patent medicine interests have controlled State legislatures. Their voice is powerful in the halls of Congress. They have been active in this city since The Tribune began its campaign to restrict their operations. They are busy now trying to prevent the passage of the Goldwater resolution. If that resolution is not passed by the Health Board on December 31, the public will know the reason why, and it will know that it is not Dr. Goldwater who has been unfaithful.

Modern Warfare Against Tuberculosis.

Dr. S. A. Knopf says, in the N. Y. Medical Journal:

In some sections of the country as many as fifty per cent. of the children of parents attending tuberculosis dispensaries have been found on examination to be afflicted with tuberculosis of various types. We know also that children can also contract tuberculosis from others than their parents, as nurses, tuberculous relatives, boaders and strangers to the household, and we furthermore know that nearly ten per cent. of the children afflicted with tuberculosis have contracted the disease by the ingestion of tuberculous milk because the bovine type of the bacillus has been found in that percentage. We are as yet uncertain whether or not the bovinc type of the bacillus of tuberculosis is transformed in later years into the human type by its new environment, but we do not worry about this uncertainty: we teach, preach and practice the prevention of tuberculosis in cattle by the enforcement of the tuberculin test and by weeding out the tuberculous cattle and prohibiting the sale of tuberculous meat and milk.

Health Boards and the Taxpayer.

"Appropriations for health purposes in many communities have in the past been granted reluctantly, and in most instances in insufficient amounts for effective work. It has been difficult to convince the taxpayer and the public official that there would be an adequate return for money expended. Health to them has seemed an individual matter," says The Journal of the American Medical Association, "and health boards have been compelled to beg for every dollar. An improvement, however, is tak" ing place, and the amount per capita of health appropriations is increasing. A more intelligent understanding of the objects of public health expenditures and of the returns to be had is developing. In some instances, the taxpayer is now on the other side of the proposition. He demands of the health board, having approved liberal appropriations, that it prevent epidemics which endanger the health and lives of himself, his family and his friends. Spartanburg, S. C., has been for several years a center for the study of pellagra by a scientific commission. This has no doubt promoted the study of health matters in general in that community, with the result that the local health service has been well supported, while the people have come to recognize the possibilities of disease prevention. With the idea in mind of the seasonal recurrence of certain infectious diseases, the Spartanburg Herald

"'For the amount of money the citizens of Spartanburg are putting up these days for the public health department they have reason to expect service and results. * * * Just at this season of the year and a little later on, in February and March, most cities are visited by * * * scattering cases of diphtheria and epidemics of measles and whooping cough. Measels and whooping-cough usually spread until they have exhausted the supply of youngsters who have come on since the last year's epidemic, while diphtheria, because of its nore violent character, is usually held in check. But the question in our mind is whether these things have to be. In modern days is there no way to prevent so much suffering and sickness on the part of the little children of a city? The Spartanburg health authorities could in no way carry their services nearer city? the homes of the people than by making a study of this question and taking every precaution possible to hold these things in check this year.'

"It goes without saying that the health board of Spartanburg will do its utmost, but this change of attitude of the taxpayer toward disease prevention is interesting and hopeful. It also emphasizes the obligation on the part of health departments to make good."

STATE BOARD OF HEALTH.

December Statement of Mortality.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending December 10, 1914, was 3,035. By age periods there were 502 deaths among infants under one year, deaths of children over one year and under five years and 1,037 deaths of persons aged sixty years and over.

Deaths from typhoid fever, measles, scarlet fever and Whooping cough show a decrease from the previous month; the mortality from diphtheria continues high, the number of deaths for the month (70) is more than any

monthly period since Janpary, 1913.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending December 10, 1914, compared with the average of the previous twelve months, the aver-

ages are given below in parenthesis:

Typhoid fever, 19 (18); measles, 2 (22); scarlet fever, 5 (21); whooping cough, 9 (28); diphtheria, 70 (48); malarial fever, 1 (1); tuberculosis of lungs, 304 (311); tuberculosis of other organs, 29 (46); cancer, 191 (184); diseases of nervous system, 284 (285); diseases of circulatory system, 474 (517); diseases of respiratory system (pneumonia and tuberculosis excepted), 198 (205): pneumonia, 217 (251); infantile diarrhoea, 127 (187); diseases of digestive system (infantile diarrhoea excepted), 170 (195); Bright's disease, 267 (250); suicide, 31 (43); all other diseases or causes of death, 637 (700); totals, 3,035 (3,312).

Under the Bureau of Creamery and Dairy Inspection during the month, 120 inspections were made as follows: 104 dairies; 10 creameries; 2 milk depots; 4 ice cream factories.

The results were: Number of dairies scoring

above 60 per cent. of the perfect mark, 31; scoring below 60 per cent. of the perfect mark, 67; dairies relinquishing the sale of milk, 6; ice cream factory licenses recommended. 2.

The Bureau of Contagious Diseases reports: There were 2,674 cases of communicable diseases reported during the month of November, 1914. Typhoid fever has been less prevalent, as indicated by reported cases, than during the same period in the two preceding years. While cases have been reported from every county in the State except Ocean, there has been no extensive outbreak in any locality.

Diphtheria has been unusually prevalent over most of the State and has prevailed in epidemic form in several localities. Ocean and Gloucester were the only counties from which no cases were reported. There were 1,054 cases in the State reported, 409 in Hudson

County and 203 in Essex.

Scarlet fever has shown a rise in the number of reported cases somewhat in excess of the usual prevalence of the disease at this season of the year. Cape May was the only county from which no cases were reported. There were 446 cases reported, 163 were in Hudson and 126 in Essex counties.

The Laboratory of Hygiene reports: Specimens received for bacteriological diagnosis as follows: From suspected cases of diphtheria, 4,679; tuberculosis, 483; typhoid fever, 182; malaria, 18; miscellaneous specimens, 121; total, 5,483.

NEW AND NON-OFFICIAL REMEDIES

During December the following articles were accepted by the Council on Pharmacy and Chemistry for inclusion with new and nonofficial remedies:

Merck & Co.; Arbutin, Merck; Benzene, Merck; H. P., Crystallizable; Digitoxin, Merck; Silver Citrate; Silver Lactate.

E. R. Squibb & Sons: Pyocyaneus Vaccine; boxes of two ampules containing respectively

100 and 500 million killed bacilli.

Since publication of New and Non-Official Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Pasteur Antirabic Vaccine—The virus is prepared according to the method of the Hygienic Laboratory, Washington, D. C. A dose is sent by mail each day. Twenty-one to twenty-five doses constitute a treatment. Laboratory of W. T. McDougall, Kansas City, Kansas.

Solution Pituitary Extract—A solution of a purified extract of the posterior lobe of the pituitary gland of the ox. It is assayed so that 1 c.c. represents 0.2 Gm. fresh gland. It is used by hypodermic or intramuscular injection mainly to stimulate the uterus contraction in labor. It is supplied in the form of Ampules containing 1 c.c. Solution Pituitary Extract. The H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., Dec. 5, 1914, p. 2043).

Radium Bromide-The market supply is a mixture of radium bromide and barium bromide and is sold on the basis of its radium content. It is sold for use in applicators, inhala-

toriums and injection solutions. Radium bromide is marketed as:

Radium Bromide, Radium Company of America-All deliveries are made subject to the test of the U.S. Bureau of Standards or any reputable expert designated by the purchaser. The Radium Company of America, Sellersville,

Radium Bromide, Standard Chemical Co.-Sold by the Radium Chemical Company, Pittsburg, Pa.

Radium Carbonate-The market supply is usually a mixture of radium carbonate and barium carbonate and is sold on the basis of its radium content. It sold for use in applicators. Radium carbonate is marked as:

Radium Carbonate, Standard Chemical Co.-Sold by the Radium Chemical Co., Pittsburg,

Arbutin, Merck-This brand of Arbutin has been accepted for inclusion with New and Nonofficial Remedies. Merck and Co., New York.

Radium Chloride, Radium Co. of America-This form of radium chloride has been accepted for inclusion with New and Non-Official Remedies. Radium Co. of America, Sellersville, Pa.

Radium Sulphate, Radium Co. of America-This form of radium sulphate has been accepted for inclusion with New and Non-Official Remedies. Radium Co. of America, Sellersville,

Cupric Applicators (Copper Sulphate 20-25 per cent.)-Wooden sticks 6 1-2 inches long tipped with a mixture of copper sulphate, alum and potassium nitrate, containing 20 to 25 per cent. copper sulphate. Antiseptic Supply Co., New York (Jour. A. M. A., Dec. 26, 1914, p. 2289).

Sanatogen.-The A. M. A. J. says in a recent issue: We print another report of exact experimental observation which shows, as was obvious beforehand, that Sanatogen has the properties of its constituents, namely, casein and glycerophosphates. Nothing more nor nothing less could be the case. Bottling dried cottage cheese plus some glycerophosphates, and raising the price many times, may increase its psychic effect, but it will not alter its physiologic action. These facts we have presented often enough, but the amount of paid advertising the proprietors of this compound find it profitable to carry in the United States makes us feel obliged to give them this bit free. That laymen may be persuaded to purchase Sanatogen in the belief that it possesses some occult powers not to be found in its constituents is not surprising. By blatant and persistent advertising, the public can be fooled into buying any product-however valueless-for which medicinal claims are made. But that physicians should prove equally gullible is a sorry commentary on the scientific attainments of the followers of a learned profession.

Warner's Safe Remedy.-The A. M. A. Journal says of it-An unsafe and fradulent nostrum-"Not only, then, will Warner's Safe Remedy not cure Bright's disease, but it may hasten the death of the sufferer who takes it. Those who, suffering from disease of the kidney, rely on Warner's Safe Remedy, will not only be cruelly defrauded but will, without question, shorten their lives."

Food for Thought.

"Then take this honey for the bitterest cup. There is no failure save in giving up; No real fall so long as one still tries, For seeming so long make the strong man wise. There's no defeat, in truth, save from within, Unless you're beaten there, you're bound to win."

Daily Thought.

It is only the young that can receive much reward from men's praise; the old, when they are great, get too far beyond and above you to care what you think of them .- Ruski.

Labor and Thought.

It is only by labor that thought can be made healthy, and only by thought that labor can be made happy; and the two cannot be separated with impunity.-John Ruskin.

World's Principal Want.

I know few wants that press upon our modern life with more immediate necessity than the want of silence.—Sidney Lanier.

The Value of Partial Knowledge.-What cannot totally be known ought not to be totally neglected, for the knowledge of a part is better than the ignorance of the whole.—Ismail ibn Ali Abu el Feda (Preface to his Geography).

Of no use are the men who study to do exactly as was done before, who can never understand that today is a new day. We want men of original perception and original action, who can open their eyes wider than a nationality-namely, to considerations of benefit to the human race—can act in the interest of civilization; men of elastic, men of moral mind, who can live in the moment and take a step forward.-Ralph Waldo Emerson.

Facetious Items.

The Harmless Little Fly.

The doctors have it in for me-I'm sure I don't know why. I'm just a cunning playful thing, A harmless little fly.

They lam me with a swatter, They trap me in a cage, They mire me in molasses Till I die in helpless rage.

They hold conventions on me-Read essays long and wise-And make such asses of themselves-Bout harmless little flies!

It's true I'm none too careful As to where I place my feet. It's true I'm rather thoughtless About the things I eat.

I dote on garbage pudding, I could live on stable stew, I love to swim in sewers, And in the cream-jug, too.

The typhoid germ counts me his friend, Likewise my dear T. B., They find it hard to get around, They say, except for me.

I meet them at the sewer's mouth, With other bugs galore. They swarm upon my back and legs, And then I blithely soar.

Full straight unto the nursery I wing my joyous way. The door's ajar; the nurse is out (This is my lucky day!)

The baby sleeps. What fun to crawl Upon its rosy lips! And from its milk-cups standing by I steal such luscious sips.

And so thro' all the sunny day-You'd wonder if you knew The many pleasant little stunts One little fly can do.

But still the doctors lay for me-I'm sure I don't know why. The horrid, cruel, hateful brutes,-A harmless little fly!

-W. P. Millspaugh, in the California State Jour. of Medicine.

Lawyer-"Do you know what 'conscientious scruples' means?" Witness—"Yes, indeed!" Lawyer—"Well, what does it mean?" Witness -"Well, my parents wanted me to be a lawyer, but I had 'em!"-Boston Globe.

"Why this coolness between you and Mabel?" "Oh, we disagreed about something."

"What was it?"

"As to whether her dog was more intelligent than my baby."—Louisville Courier-Journal.

"I wish you to understand," he said, addressing his 17-year-old son, "that I am still the boss in this house."

"All right, dad," the boy replied, "but you're a coward to make the boast behind mother's back."—Cleveland Plain Dealer.

"Johnnie," said a teacher in a physiology class, "can you give a familiar example of the human body as it adapts itself to changed conditions?"

"Yes-sum," said Johnnie; "my aunt gained fifty pounds in a year and her skin never cracked."

Old Uncle Andy was steering his master's boat down the bay. They passed an ocean liner.

"Andy," said Mr. Blank, "just look how high that ship stands out of the water. wonder why it is."

"Why, boss," answered the old darky, "don't yu know? We ain't had no rain for nigh on three weeks now, and de water's gittin' low." -New York Post.

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DIAGNOSTIC METHODS IN DIS-EASES OF THE RECTUM AND SIGMOID COLON.*

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Central and Neurological and the Workhouse Hospitals.

Osler states that "no man can be trusted to make a medical diagnosis who cannot interpret a rectal palpation." To this I may add that diagnoses as a rule are more often missed from failure to employ, as a routine measure, the tried and reliable methods of examination, than from a lack of knowledge

Early diagnosis is imperative in affections of the rectum and colon, for many conditions of these organs, at first simple and easily corrected with proper treatment, soon become serious if neglected, entailing upon the patient prolonged disability and suffering, even menacing life itself. For example, a neglected fissure may end in a fistula, or an adenoma in an inoperable carcinoma.

The patient usually volunteers the diagnosis of "piles" or "fistula" which the physician too often accepts and prescribes accordingly, thereby rendering himself no less culpable than one who treats a patient with a cough without examining the chest. Fear of pain and false modesty on the part of the patient and lack of tact and perseverance by the physician often prevent him from making the local examination, without which no reliable diagnosis can be made or suitable treatment employed. Failure of the undergraduate medical schools, until

*Read by invitation before the Practitioners' Society of the Oranges, December 26th, 1914.

the recent past, to provide instruction in this important field is responsible in large measure for the careless methods still in vogue.

As in all diseased states, a careful history is taken. This is suggestive only and not to be relied upon for a diagnosis. A family history of malignant disease or tuberculosis is important. The personal history covers residence in foreign lands, previous sickness, including typhoid fever, dysentery and venereal diseases, operations, injuries, habits of eating and drinking, change of body weight and the present chief complaint. As the general practitioner generally sees these patients before the specialist, he should be familiar with the symptoms referable to the lower bowel that indicate a rectal examination. These are a poor appetite, indigestion, obstinate vomiting, flatulence, constipation, persistent diarrhoea, irregular bowel action, straining and protrusion at stool, abnormal discharge, pain referred to the rectum or lower abdomen, peri-anal itching; a feeling of weight and pressure within the pelvis or dragging over the sacrum; reflex pain, especially down the left leg, simulating sciatica; swelling of the left leg; dysuria without demonstrable lesions of the uro-genital organs; dysmenorrhoea in young women; chlorosis and anemia. In young children, picking the nose, disturbed sleep and scratching the anus.

The symptoms to be investigated in detail are:

Pain or itching—its location, character, duration, relation to stool, etc.

Protrusion—if constant or only at stool and if reduced spontaneously or by pressure

Discharge—mucus, blood or pus, together or separately, admixed or independent of the stool.

Character of stools—hard, soft or liquid. State of bowels—(a) constipation, duration and character; relieved by cathartics or enemas: (b) diarrhoea, continuing after the bowel is rid of all irritating material and not controlled in a few days by rational therapeutic measures, demands a rectal examination; (c) irregular bowel action. Two types of the latter are diagnostically significant though commonly overlooked: In one the patient, after a stool, has a feeling of incomplete evacuation, a sense of weight and pressure in the pelvis and of dragging over the sacrum, all due to a prolapse of the sigmoid and its drag on its mesentery. The other type is characterized by one (usually three to five) urgent morning stools, containing little feces but with the passage of considerable gas and mucus more or less tinged with blood. This form of bowel action is one of the earliest symptoms of a neoplasm or ulceration of the lower colon.

Although certain combinations of the above symptoms are almost pathognomonic of certain diseases of the lower bowel, yet many of them are common to other organs related anatomically or reflexly. the physician must keep his tentative diagnosis in abeyance and make his examina-

tion with an unprejudiced mind.

The examination proper is both general

and local.

General: Anemia, if found to be secondary, may be due to "bleeding piles." I have seen the Hb. index as low as 30 per cent. from this cause. Loss of fat suggests tuberculosis or malignancy. A tuberculous focus in the lung may explain the nature of a peri-rectal abscess or fistula, and ar uncompensated heart lesion account for an enlarged liver.

Now with the abdomen freely exposed. the patient stands in a good light to de-

(1) To what degree the abdomen is pendulous, or protuberent, suggesting visceral ptosis; (2) the width of the costal angle; (3) diastasis of the recti muscles; (4) hernia—inguinal, femoral, umbilical and particularly epigastric which is often missed; (5) inguinal adenitis, remembering that the lymphatics of the anal canal and adjacent skin drain into the inguinal glands.

Next, in the recumbent posture, the lower abdomen is carefully inspected. An abdominal tumor may be seen to move in rhythm with respiration and in thin subjects peristaltic waves of the intestine may be observed. Dilated veins in the abdominal wall near the mid line, radiating from the umbilicus in the form of a so-called "caput Medusae" and whose blood current plainly flows away from the navel, point to portal obstruction due to cirrhosis of the liver or

thrombosis of the portal vein.

The liver is mapped out. Cirrhosis may explain occasional copious bleeding from hemorrhoids, the safety-valve of a surcharged portal circulation. Nodular hepatic enlargements may be secondary to carcinoma of the rectum, or be gummata, while a circumscribed swelling may be an abscess from amebic dysentery. The spleen is next delimited. Splenic enlargement may interfere with colonic peristalsis. Then the kidnevs are palpated, especially the right one. remembering the frequent association of movable kidney with prolapsed cecum and intestinal stasis.

The colon is now palpated systematically, beginning at the cecum. An adherent or chronically inflamed appendix with or without pericecal bands or membranes, may be responsible for cecal stasis and so autotoxemia, or reflexly for spastic constipation. A tumor in the cecal region may be tuberculous, syphilitic, malignant or, particularly in infants, an intussusception, or merely fecal impaction. A tumor in the transverse colon may be visible or palpable. The left iliac fossa is next palpated. Unless the patient is very stout or the abdomen rigid, the sigmoid colon can always be felt. If it is tender or a colicy pain is produced, the sigmoid is probably inflamed, while a tumor suggests a neoplasm or impaction. Intestinal diverticulitis has its most common site in the sigmoid flexure. When acute it gives characteristic symptoms of left sided appendicitis, indeed, in transposition of the viscera (an occurrence more frequent than is generally supposed) could only be distinguished from it by the X-ray after a bis-Chronic diverticulitis promuth enema. duces a large tumor-like infiltration, and is accompanied by the symptoms of infection --irregular fever, leucocytosis, etc. In one of my cases before operation the pus could be seen through the proctoscope flowing from the sigmoid into the rectum. Ascites and hemorrhoids may be associated with cirrhosis of the liver: general abdominal carcinosis with a tumor in the rectum or tuberculous peritonitis with constination.

For the local examination, the patient is placed in the left lateral (Sims') posture, with thighs well flexed on the abdomen and in a good light. The buttocks are separated and the parts inspected and palpated. Loss of fat in the ischio-rectal fossæ occurs early in wasting diseases as tuberculous and malignant. Any swellings are noted. If inflamed and tender they denote abscess or a blind internal fistula. Sebaceous cysts and epithelioma also develop at the anal verge as do gummata in the ischio-rectal fossae.

Loss of pigment in the peri-anal skin is characteristic of pruritus ani in which the skin may be tremendously thickened and moist with hypertrophied radiating folds or thinned and dry, readily cracking when Irritation from pediculi adults and from pin worms in children must be differentiated from true pruritus. Perforations of the skin are usually due to fistulae, which are not so often tuberculous as was formerly supposed. A word of warning is here inserted. Post-anal dimple or pilo-nidal sinus is to be distinguished Recalling our embryology. from fistula. this mistake will not occur, for the "dimple" is due to a failure of symmetrical fusion of the ectoderm in the mid-line over the sacrum, and nothing short of a radical extirpation will effect its cure.

External hemorrhoids occur in the form of harmless but annoying skin tabs or as thrombotic piles. The latter should be incised at once and the clot turned out. Besides the gumma already noted, syphilis manifests itself here most often as condylomata, but sometimes as the primary lesion, which is usually situated in the posterior commissure. I have seen four rectal chancres, two of them recently, in which the diagnosis was confirmed promptly and early by finding the spirochetae in scrapings taken directly from the sores.

Systematic pressure about the anus detects areas of induration and deep tenderness. Now making strong traction while the patient relaxes, the examiner observes the tone of the external sphincter. If it is relaxed the anal canal becomes patulous.

A patent anal canal is significant and may be due to a variety of causes—as simple atony of the sphincter, lesions of the spinal cord resulting in loss of nervous control of the external sphincter, encroachment on the sphincter of a neoplasm or syphilitic ulceration, repeated dilatation of the sphincter from prolapsing internal piles or of the rectum itself, sodomy, or finally improper division of the sphincter in the operation for fistula. On the other hand, a tight, spasmodic, hypertrophied sphincter suggests irritation usually due to ulcer or a fissure. The patient next is asked to make a straining effort, while the mucosa is gently teased

out. Fissure, when present, can then be seen, usually in the posterior commissure in men, sometimes anteriorly in women, as can ulcers and pin worms (in children). Uncomfortable, hypertrophied anal papillae are protruded as are polyps (sometimes) and internal hemorrhoids (usually). In fact this is the most satisfactory way to recognize internal piles, for contrary to text-book teaching, they can be felt only when thrombosed, inflamed or transformed into fibrous tissue.

By the straining effort a prolapsus recti may also be protruded, but some patients require an enema to bring down the bowel. In children the prolapse is usually partial, i. e., consists of mucosa only, while in adults complete prolapse, involving all coats of the bowel, occurs more frequently. From the viewpoint of treatment, the diagnosis of a partial from a complete prolapse is essential but withal simple and absolute. In partial prolapse, the rugae course circularly around the bowel, while in the complete form they radiate from its lumen as a center.

Any discharge forced out is carefully noted, indicating inflammation, ulceration, abscess or blind internal fistula. Its odor in amebic dysentery is foul, in carcinoma peculiarly fetid and diagnostic. In gonorrheal proctitis, the coccus of Neisser is readily detected in a stained smear from the discharge.

Digital Examination: Although a lesion has been found, we as physicians, would be remiss in our duty to our patient, were the examination ended here, for the pathology noted may be but the external manifestation of a more serious condition within the bowel, For example—hemorrhoids may be secondary to many causes, ranging from constipation to cirrhosis of the liver, stricture or neoplasm of the rectum. I have examined not one but several patients with carcinoma of the rectum from whom "bleeding piles" had been removed within a few months, although the neoplasm then existed within reach of the examining finger. The early and most favorable time for the extirpation of the growth was lost through failure to make a digital examination. Such neglect is inexcusable and criminal.

Rectal palpation is the most valuable single means of recognizing and determining the nature of lesions of the last five inches of the bowel. It is one thing to palpate a rectum but quite another to correctly interpret the findings. Individual skill and experience alone can develop our diagnostic acumen in full measure.

The greatest gentleness and tact must be exercised while examining the anus—the most sensitive segment of the alimentary tract—lest by causing undue pain we frustrate our efforts to complete the examination. The index finger, aptly called by Goodell "an educated probe with an eye at the end of it,"protected by a cot and lubricated with vaseline or stiff jelly is gently insinuated through the external sphincter. We thus judge the state of this muscle—normal, hypertrophied and spasmodic or thin and relaxed. The pulp of the finger is carefully revolved between the sphincters, making pressure on each segment in turn for the entire circumference of the anal canal. Pressure on a fissure elicits exquisite pain, areas of induration are felt and if this be very small and tender may mean an inflamed crypt of Morgagni (often wrongly diagnosed as neuralgia of the rectum). Moreover, a small tender depression imparts the feel characteristic of the internal opening of a fistula. In the latter case, if a fistulous opening is present on the skin, and a cordlike induration is felt connecting them, the diagnosis of a complete fistula is established without resort to a probe or injection.

The finger is now advanced into the ampulla of the rectum and detects the dryness or moisture of its surface. A relaxed voluminous mucosa indicates atony or general relaxation. If the bowel is otherwise free. constipated subjects are now required to "bear down," while the finger is advanced to its full length. Often then the bowel will impinge upon and envelop the finger imparting the feel of the cervix uteri. This is really the sigmoid prolapsed into the rectum, a frequent but usually unrecognized cause of constipation of the obtructive type, particularly in infants and the aged. recognition is important for I have shown in many cases that cathartics aggravate the condition, whereas oil enemas relieve it and in time restore the bowel to physiological

A sausage-like mass felt per rectum in a child with symptoms of acute intestinal obstruction is pathognomonic of intussusception. A rectal ampulla filled with feces suggests constipation of the terminal bowel or fecal impaction. Foreign bodies, including enteroliths usually lodge within reach. Occasionally a sharp foreign body, like a fish bone, will penetrate the mucosa causing pain, but cannot be felt till, by its irritation, induration is produced and the bone is removed by a skin incision outside the sphincter. Palpable lesions in the bowel

wall itself are indurated ulcers and fistulae and outside of it deep pelvic abscesses can be felt, as well as enlarged presacral lym-

phatics (in children.)

The cervix or retroverted fundus uteri has more than once been mistaken for a tumor of the rectum. A vaginal examination of course corrects this error. By exerting counter-pressure above the pubes with the free hand occasionally an intestinal growth may be brought within reach, a large vesicle stone felt, and cancer of the prostate and bladder palpated. However, to make bimanual examination advantageous, general anesthesia is usually neces-

Bloomer has recalled our attention to induration, either broad or nodular, of Douglas' cul-de-sac, the so-called "rectal shelf," due to implantation of detached portions of carcinomata which have gravitated from tumors located elsewhere in the abdomen. There is, however, another condition which may cause a chronic induration and thickening of Douglas' pouch, palpable per rec-This is adherent coils of intestine and omentum in tuberculous peritonitis. Scybala in a sigmoid prolapsed in Douglas' sac may also convey the impression of a tumor.

When dealing with inflammatory conditions of the abdomen, we should never consider our examination complete without a rectal palpation. A diseased appendix lying over the pelvic brim gives decided tenderness per rectum and in neglected cases pelvic abscess ensues rather frequently-17 per cent according to some reports.

Stricture—probably 75 per cent. of fibrous rectal strictures occur within the palpable zone owing to the conditions here favoring their development. In the absence of traumata or congenital malformation, the greater number of them in my experience, is syphilitic in origin (five out of six cases now under treatment) and the feel is characteristic-firm like a ring of cartilage and unyielding. A positive Wassermann confirms the diagnosis.

Neoplasms. Of the benign rectal growths, fibromata occur in adults rather than children, are usually palpable and easily removed. Adenomata either single or multiple, sessile or pedunculated, are the benign growths occurring most frequently in the intestinal tract. Their commonest site is the rectum, then in order the ileum, colon, ileo-cecal valve and duodenum. In children one of the commonest sources of rectal bleeding is the solitary polyp which is usually small (hazelnut size) and sessile, but at times has a long pedicle implanted high. The latter allows the polyp to protrude at stool and bleed, but when the finger is introduced the tumor recedes before it. Recourse to the proctoscope must be had for its detection. Hemorrhages of this sort is often wrongly ascribed to hemorrhoids which rarely occur in children. Two other sources of chronic bleeding in children must be thought of—one in prolapse of the rectal mucosa, the other ulceration secondary to chronic intussusception of the sigmoid, before mentioned.

Multiple adenomata, if numerous in the rectum, can be felt but the extent of their distribution is indicated by the proctoscope. Villous tumors are occasionally met with but differ from adenoma only in their size and form. In the light of recent studies in pathology, the appropriate treatment of ulcers and irritations and the early removal of benign growths of every sort becomes imperative for they are all potential cancers. Multiple adenomata are especially prone to undergo malignant change.

Malignant growths: Sarcoma is a rare disease of the large bowel, the mucosa does not ulcerate early and the examining finger gains the impression of a peri-rectal stricture rather than of a new growth. Carcinoma, on the other hand, in the alimentary canal, occurs, next to the stomach, most frequently in the rectum, then the sigmoid flexure. The greater number are within reach, encroach upon the lumen of the bowel, are crater-like with nodular, friable borders, bleed freely on contact and impart a characteristic never-to-be-forgotten sensation.

When a growth is present we endeavor to determine by feel its location, extent, movability or fixity by infiltration of adjacent organs, all weighty features from the stand-

point of operative prognosis.

Tuberculoma of the rectum is diagnosed with the greatest difficulty from carcinoma. One of our cases in which the rectum was extirpated with the neoplasm, its tuberculous nature could be determined only by the microscope. However, this is not important as the treatment is the same.

The digital examination is completed by grasping the coccyx between the examining finger within the rectum and the thumb outside to determine any variations from its normal contour, position or mobility. Particularly should one compress the soft tissue just lateral to and beyond its tip, for in a number of cases of coccygodynia, I have found the coccygeal plexus of nerves exquisitely tender and so established the

diagnosis of a condition hitherto rebellious to treatment but which, in seven instances in my hands, has yielded most kindly to injections of alcohol, thereby causing degeneration of the nerves, as first advocated by

Schlosser in trifacial neuralgia.2

Thus by our natural gifts of sight and touch, fortified by intelligence and experience, the majority of ano-rectal ailments are recognized and their nature determined. In obscure and difficult cases, and those with lesions higher in the bowel, to confirm our tentative opinion or to reach a diagnosis, the urine must be analyzed, a complete examination of the blood, including the Wassermann reaction, must be made and instruments of precision employed. The latter are the probe, syringe, speculum, proctosigmoidoscope, microscope and X-ray.

The probe should have a flattened handle, corrugated on one side, and a flexible point of pure silver or block tin, that will readily follow a tortuous tract. The syringe is to inject staining fluids into fistulous tracts, to outline them and to mark the point or points of exit, as in fistulae with multiple

openings.

There are only two practical specula used in rectal examinations; the Sims', as modified by Humphries, and the proctoscope. The Sim's is introduced painlessly with the index finger as an obturator. One-half of the anal canal and last inch of the rectum can thus be inspected for abnormalities. The instrument is then withdrawn and reintroduced on the opposite side, showing the remaining segment. The modern proctoscope is the familiar Kelly tube refined and supplied with electric light and an attachment for inflation of the bowel by pneumatic pressure if atmospheric pressure does not suffice, but the latter is usually sufficient. Of all the instruments this is the most valuable both for diagnosis and treatment of lesions of the terminal twelve inches of the bowel. There are many models of the proctoscope and each author naturally considers his own instrument the best. The points of excellence in mine (*) are a strong light that is dependable, direct illumination, and a tube that can be sterilized by boiling. Proctoscopy is easily performed, practically in the office and always without anesthesia, even in children, but it requires wide experience to interpret the finding. The bowel must be emptied by a cathartic, perferably castor oil, taken the night before the examination, or an enema two or more hours in advance. Digital ex-

^(*) For picture of this instrument see page 156.

amination always precedes the use of instruments, and the patient with clothing loose must be placed in the correct knee-chest

posture.

With these conditions, proctoscopy reveals to the observer at once the condition of the mucosa, whether normal atrophic or hypertrophic, as in analagous conditions of the nose. Houston's valves are readily seen and their resistance determined by a hook, although they do not cause obstipation as often as some writers claim. The extent and character of ulcerations are disclosed and smears are taken directly from their surface for microscopic examination, notably for amebae, for which we now possess a specific in emetine hydrochloride administered hypodermatically and topical applications may be made. The prolapsed sigmoid falls directly into the lumen of the tube. Benign tumors, particularly the solitary polyp with high implantation is readily seen and removed by a snare, and the distribution of multiple adenomata noted. If desired, specimens may be removed from neoplasms for microscopic examination. The tube of small calibre passes through the lumina of strictures or malignant growths to the healthy area above, thus defining at once their limits—data of prime prognostic import. Thus the dangerous and unreliable olivary bougie is relegated to oblivion together with the instrument of torture, the bivalve rectal speculum.

In about 75 per cent. of cases, the rectal tube can be passed into the sigmoid flexure but the mechanical limit of advancement is the apex of the sigmoid. This point naturally varies with the individual from 10 to 14 inches from the anus. Fortunately it is just the cases with large or prolapsing sigmoids and growths situated beyond the reach of the finger that the tube can be used most successfully and furnishes data of the greatest value.

X-ray: After injecting them with bismuth paste, the X-ray is useful in outlining those fistulous tracts with external openings far from the anus and internal openings above the sphincters. Fluoroscopy after a bismuth enema is of prime value in detecting adhesions of various segments of the colon, particularly of the cecum and sigmoid, and to detect and define stricture, prolapse, flexures or angulations. Fluoroscopy after a bismuth meal is employed to determine the point or points of chronic intestinal obstruction (obstipation) whatever its cause, often resulting in stasis and autotoxemia. Frequently the po-

sition and outline of the vermiform appendix are distinctly visible and simultaneous palpation determines its adherence to other organs, particularly the terminal ileum, sometimes causing an ileal kink or stasis. An appendix may be so kinked or strictured as not to admit the bismuth. On the other hand, bismuth retained several (four or five) days strongly suggests that the appendix is non-functionating because of a kink, stricture or chronic inflammation and so explain indigestion with colicy pains, irregular bowel action or constipation.

Fluoroscopic study is the highest refinement of the Rontgenologist's art in intestinal diagnosis, next in value are stereoscopic pictures and finally the simple plate which records those conditions found by fluoroscopic study to best illustrate the probable lesions. Yet, invaluable as they are, sole reliance cannot be placed on the X-ray Their correct interpretation is the crux of the question and it must be made, not by the radiologist, but by the clinician who correlates history, symptoms, signs and physical examination and who has had ample opportunity to compare actual concitions at operation with those predicted by the radiographs.

Parenthetically, a note of caution on recto-colonic conditions secondary to diseases of the nervous system. Several years ago a competent internist requested me to remove the hemorrhoids of a man whom he had had under observation for some time. After the operation the symptoms persisted and last vear this patient developed general paresis. Last month a patient requested me to remove prolapsing internal piles. A relaxed sphincter excited my suspicion, his Wassermann was positive and he showed other signs of beginning tabes dorsalis, in which operations on the rectum are futile. Recently I was consulted in regard to severe and progressive constipation in a voung man. His physician thought that the constipation might be of the obstructive type requiring operation. A neurologist's diagnosis of combined sclerosis of the cord explained the functional loss.

In conclusion, when dealing with lesions of the colon or rectum, the examples cited illustrate the necessity of excluding diseases of other organs related anatomically or reflexly, particularly of the urogenital system in males, the reproductive organs in females and of the central nervous system, before instituting treatment or operation on lesions purely secondary while overlooking their primary and causal factors.

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ABNORMAL PREGNANCY.*

By George A. Rogers, M. D., Newark, N. J.

The subject of abnormal pregnancy is such a large one as to preclude the possibility of doing anything like justice to it, in the short time at my disposal. I shall ask, therefore, that the few observations which I shall make shall be regarded as merely suggestive and introductory to a discussion.

Probably the most interesting subject under this heading from a practical standpoint is the hemorrhage of pregnancy. Of these cases hemorrhage occurring during the first few weeks after the first menstrual period has been missed is most frequently due either to threatened abortion or to ectopic gestation. The diagnosis of unruptured ectopic gestation is seldom made, partly because the patient is not apt to consult a physician before rupture occurs, and partly because the diagnosis at that time is a very difficult one, especially if the patient has not been previously, recently examined by her medical adviser. In case, however, a patient presents herself, who having always menstruated reguarly has now gone over her time and presents some of the early symptoms of pregnancy, such as nausea, and slight enlargement and softening of the uterus, together with a para-uterine swelling in the neighborhood of the tube, an unruptured ectopic should be considered as a possible explanation of her symptoms.

After rupture the diagnosis is usually cor-

rectly made. In certain cases, however, it may readily bt confused with abortion, appendicitis, or gonorrhoeal infection of the uterus and appendages, and more rarely with twisting of the pedicle of an ovarian cyst, tumors or cysts of the adnexa, rupture of abdominal or pelvic abscesses, perforation of the stomach or bowels, especially the duodenum, pregnancy in a retroverted uterus of angular or interstitial pregnancy.

In differentiating between abortion and ruptured ectopic pregnancy, it should be remembered that in abortion the pains are regular, gradually increasing in severity, and not confined to one side of the abdomen and that the shock is proportionate to the amount of external haemorrhage; whereas in ruptured ectopic pregnancy the pains are irregular and colicky and are experienced chiefly or solely in one side of the abdomen; the shock is usually out of all proportion to the amount of external haemorrhage, a mass is to be felt on one side of the uterus, and the abdominal tenderness is usually very great. In ectopic portions of decidua, and in abortion portions of the ovum may be expelled.

In differentiating ruptured ectopic from appendicitis the points which are particularly to be noted are the presence or absence of enlargement and softening of the uterus, the presence or absence of leucocytosis which, however, may be present in ectopic, the rigidity which is more apt to be unilateral and higher up in appendicitis, the pulse, which is much weaker in ectopic, and the presence or absence of shock and pallor.

Very wide differences of opinion exist as to almost every detail in the treatment of inevitable abortion, for instance, as to immediate interference by emptying the uterus; as to the use of the finger or curette; if a curette is used should it be sharp or dull, rigid or flexible? as to the use of forceps to grasp the foetus; and concerning the propriety of packing or douching at the close of the operation.

My own practice when called to see a case of inevitable abortion, where the amount of hemorrhage is not great, is simply to keep the patient quiet for at least a few days to give the uterus a chance to empty itself. In case of profuse hemorrhage I use a tampon. I sometimes use quinine and ergot, or cotton root, but I cannot say that I have found them of great service. I believe that in the majority of cases a uterus which will not empty itself spontaneously will only exceptionally be as-

^{*}Read before the Academy of Medicine of Northern New Jersey, November 24, 1914.

sisted by the tampoon or by oxytocics. On the other hand, both agents have at times seemed to me to delay the progress of an abortion.

The tampon, however, is invaluable as a means of checking severe hemorrhage, and allows us in such cases to give a patient time to recover from shock and to select a convenient time to empty the uterus. It is also of great service in promoting dilatation of the cervix. If, without allowing the patient to lose too much blood, we can postpone operation until the cervix is softened and well dilated, we have rendered her a great service for not only can the uterus be more easily completely emptied under such circumstances but the risk of traumatism is much less. Where it is necessary to use a dilator for the cervix it is very important to use one of which the blades remain parallel even when widely opened, such as the Goodell. Dilators with divergent blades are capable of causing with their tips traumatism and even extensive laceration in the neighborhood of the internal os which may not be evident unless the finger is introduced into the uterus.

I usually use a sharp or semi-sharp curette with a moderately flexible shank. I do not claim that it is better than a dull curette, but it seems to me that I can do better work with it. I believe that the ovum forceps is a very dangerous instrument except in careful and experienced hands, and should be used only with great caution, if at all. Perforation of the uterus with the curette is an accident which may happen at the hands of the most careful operator, and for this reason I usually refrain from irrigating as is commonly done. More often than not I leave a little iodoform gauze in the uterus, to be withdrawn a few hours later

In cases of unruptured extra-uterine pregnancy where the diagnosis can be positively made, the patient should be promptly operated upon. In a freshly ruptured tubal pregnancy there is even greater reason for prompt operation. All surgeons are agreed concerning the urgency of such a case. Some men, however, in the presence of shock, prefer to wait until the hemorrhage has stopped and the patient has somewhat rallied from the shock, before operating. Personally, I believe that the best time to operate is at once, unless the patient is almost moribund.

The length of time for such an operation should depend upon the condition of the patient. If she is very much shocked no attempt should be made to remove all of the clots in the abdominal cavity. Some surgeons consider it rather an advantage to leave most of the blood behind, believing that it will be absorbed and made use of again. My own practice is to try to remove the blood rather thoroughly in cases where the patient's condition does not render haste imperative.

Concerning the treatment of cases which are not seen until the hemorrhage has ceased, and the process of absorption is already in progress, considerable difference of opinion exists, some men preferring to operate, while others treat such cases expectantly. No universal rule can be laid down for the treatment of such cases. Each case should be treated on its merits, having due regard for the period of gestation at which rupture occurred, the presence or absence of a large hematocele, and the severity of the symptoms at the time when the patient comes under observation.

Hemorrhage from the uterus occurring during the latter months of pregnancy is practically always due to detachment of the placenta. Other causes of hemorrhage at this period are hydatid cyst, cancer of the cervix and rupture of a varicose vein in the vulva or vagina. These conditions having been excluded, every case of uterine hemorrhage occurring during the latter months of pregnancy should be considered and treated as one known to be due to detachment of the placenta.

Hemorrhage from detachment of a normally situated placenta occurs about once in 400 cases. Hemorrhage due to placenta praevia occurs about once in 600 cases. Combining the two we find that we may expect to meet with hemorrhage from the placental site in about one out of 250 cases of labor.

Hemorrhage as the result of detachment of a normally situated placenta may be caused by nephritis, syphilis, tuberculosis, the infectious diseases or trauma. During labor it may be due to traction upon a short cord during the second stage or to sudden diminution in the size of the uterus owing to evacuation of a large amount of fluid in hydramnias, or following the birth of the first child in a twin pregnancy. In the concealed form half of the mothers and 95 per cent. of the children die. In the open form the prognosis is much better.

The symptoms of the concealed form are those of internal hemorrhage, combined with pain, which may be moderate, but is usually severe and occasionally agonizing.

Labor pains are not usually present at the outset, but are apt to supervene after a time. The uterus may be enlarged, irregular in shape and of a baggy consistency. In the open variety the hemorrhage may consist of bright red blood only or may contain dark clots. This hemorrhage should not be confused with the discharge of dark clotted blood which sometimes precedes or attends labor where the foetus has been dead for some time.

Hemorrhage due to placenta praevia usually occurs during the last three months of pregnancy—most often during the last two months. Most common causes are said to be abortion, subinvolution, endometritis, new growths and certain malformations of the uterus. Multiparae, especitly such as have borne a large number of children in rapid succession, are decided-

ly more liable to placenta praevia.

The loss of blood may be very slow or very rapid, and may vary in amount from a few drams to several pints. In the majority of cases the hemorrhage has a tendency to cease spontaneously, only to recommence after a variable interval of time as the placenta undergoes further separation. In some cases the placenta can be felt by the examining finger. In cases of central or partial placenta praevia where the os is closed it may often be appreciated that an abnormally thick mass of tissue intervenes between the finger and the presenting part. In considering treatment it should never be lost sight of that the first haemorrhage has been known to terminate Each hemorrhage is apt to be more copious than that which preceded it, and they are usually more profuse the nearer to full term they occur. The mortality in placenta praevia averages about eight per cent. for the mothers, and 60 per cent. for the children being naturally much greater for both in the central than in the other varieties.

Expectant treatment is only justifiable where the parents are willing to take the additional risk of waiting until the child is viable; and then, only providing that the woman is in a hospital or so situated that immediate measures can be taken for her relief in case of haemorrhage.

In cases of partial or marginal insertion with partially dilated or easily dilatable cervix—rupture of the membranes and delivery by forceps, by version, or without any further interference, according to circumstances, affords a fairly good prognosis to both mother and child. Prior to the use

of forceps or version bleeding should be checked and dilatation of the cervix promoted by a thorough tamponade of cervix and vagina. If forceps are used, the extraction should be performed with sedulous avoidance of undue haste. If version is performed it is almost always best after pulling down one foot to leave the further progress of the case to nature. If bleeding continues after version it may be controlled by very gentle traction. It should never be forgotten that these cases are exceptionally prone to rupture of the uterus or lacerations of the cervix extending into the broad ligament.

Caesarean section should be recommended in cases known to be of central insertion, or where there is profuse haemorrhage combined with a rigid cervix. In cases of doubt we should lean toward Caesarean section if the pregnancy has advanced as far as eight months or if the parents are extremely anxious to have a

living child. Hydatid cyst should be borne in mind as a possible cause of hemorrhage. It is said to occur about once in 2,500 cases. The hemorrhage is apt to occur from the fourth to the sixth month. The diagnosis is suggested by abnormally rapid growth of the uterus, and may be confirmed by palpation of the grape-like masses if the cervix is patulous, or at times by their appearance in the sanguineous or sero-sanguineous discharge from the uterus. Treatment consists in prompt tamponade of the cervix with gauze or dilatation with a colpeurynter, and removal of the growth with two fingers followed by packing. Instruments should not be used as the uterus is unusually friable and is apt to be perforated. The mortality is said to be nineteen per cent. In the one case which I have seen the patient had had profuse hemorrhages and was profoundly exsanguinated. vix was rigid and the hemorrhage not to be controlled by packing. In spite of all that we could do for her she died from the results of the hemorrhage.

Hydramnias in its extreme form is rather an uncommon complication of pregnancy. I saw a case recently in the person of a woman who had already had twelve children who had been born without difficulty. No foetal heart sound could be heard, and the woman had been told by two physicians that her baby was dead. She had been having pains for several days and was considerably exhausted. Puncture of the membranes resulted in the discharge of

several gallons of fluid, and the birth one hour later of a very vigorous baby weighing twelve and one-half pounds.

Colon bacillus infection of the kidney is a possibility which must be borne in mind as a complication of pregnancy. In a case of this sort which I saw about a year ago, the patient, who was in her ninth month, was seized with pain in the back most marked in the right lumbar region, associated with more generalized pain throughout the body, headache and fever of 103 degrees. I took it for granted that the pain in the back was due to lumbago and prescribed accordingly. Two days later the patient called in another physician who made the same diagnosis. Three days after he had seen her, I was again called in, and, this time suspecting the kidney, sent the urine to Dr. Tarbell asking him to examine it especially with reference to colon bacillus infection. He reported that it contained pus and large numbers of colon bacilli. After the administration of urotropin and sodium benzoate for about ten days her temperature reached normal, and she had no further trouble.

I wish to mention prolapse of the cord simply to call attention to the fact that if left to nature it is attended with a foetal mortality of 80 per cent, while if version, forceps or postural treatment be resorted to, the mortality varies from 40 per cent. to 50 per cent. This suggests to us Caesarean section as a suitable treatment for unpromising cases. Moderate degrees of pelvic contraction are usually treated by version or high forceps. I do not think that most physicians weigh well the degree of trauma which is often caused by these procedures, as a result of the extreme degree of traction which is sometimes exerted. Caesarean section would be the conservative operation in many of these cases for both mother and child.

Retroversion of the pregnant uterus should be treated where possible by prompt reposition. I have seen two cases in which impaction had proceeded so far as to render voluntary urination impossible. While it is true that many of these cases correct themselves, it is also true that many of them if unrelieved terminate in abortion, or, occasionally in incarceration with pressure on the bladder, causing interference with urination or even gangrene.

The last condition to which I will refer is what is known as *missed abortion*, a rare condition, but one the possibility of which

it is important to bear in mind as is illustrated by the following history:

Mrs. X, 29 years of age, married eight years, mother of two children, younger five years of age. Has had several abortions caused by taking drugs when two weeks overdue and two at a more advanced period by means of a catheter in the hands of a midwife. Has always menstruated regularly, 28 day type, of five days duration. Last menstruation, January 8-13, 1913. On May 1st had a show, following a vigorous housecleaning and came to my office. On examination she seemed to be about three months pregnant. Never had any extensive flow, or saw any evidence of foetus or secundines. Came to me again in July when her uterus seemed to be smaller than May, and told her that she could not be more than two months pregnant, and that I was not sure that she was pregnant. In October I examined her again and told that her uterus was smaller than it had been at the previous examination and that her amenorrhoea was probably due to menopause. An examination in November strengthened me in this conclusion. During all of this year she felt well and weighed twelve pounds more than she had weighed during the preceding year.

On January 31st, 1914, after a period of more than a year during which she had not menstruated, she sent for me in haste, on account of pains which she said were just like labor pains and were attended with a very slight discharge of mucus and blood. On examination I found in the vagina something which looked like a piece of rubber sponge and about the size of a small dried fig evidently a degenerated ovum. I laid it aside for future reference, but it was unfortunately mislaid by a member of the family. On March 5th she menstruated and has menstruated regularly

ever since.

In closing wounds we believe it is undesirable to pass skin sutures through the subcutaneous fat, which is easily liquefied and infected. The fat layer, however thick, is amply coated by the closure of the skin and the application of the dressing.—Amer. Jour. Surg.

For the closure of abdominal and other wounds fine sutures applied close to the skin edge and only through the skin thickness produce little or no scarring. Those taking large "bites" of the skin and subcutaneous fat, so commonly used, leave ugly "stepladder" or "centipede" scars. Tension sutures, too, also used by many surgeons, are rarely necessary, even after breast amputations.—Amer. Jour. Surg.

BONE TUBERCULOSIS.*

By George H. Sexsmith, M. D., Bayonne, N. J.

I found, in the preparation of a paper on bone tuberculosis, that it was almost impossible for me to write on the subject without including also joint tuberculosis, as the two run together often in the same case, and at other times, when only one of the parts named is affected, the symptoms would indicate that both were included in the process. For these reasons I have written under the head of "Tuberculosis of Bones and Joints."

Just for a moment, that we may better understand pathological conditions in and about the bones and joints, I will give a few points bearing upon the structure of the

parts under discussion.

The epiphyses are made up of cancellous tissue, enclosed, for the most part in the synovial membrane, either within the sac or covered by a duplicature of the membranes. The articular surfaces of the epiphyses are clothed with cartilage, and there is a potential space between the articular cartilage and the hard layer of bone covering the cancellous osseous tissue. In diseased processes coming from the epiphysis, this potential space is frequently filled with pathological products before the cartilage Once, the epiphyseal plates of cartilage are well formed and complete, they become of service against the advance of pathological products, as they then form a barrier to disease emanating either from the epiphysis or the diaphysis. In this way a pyogenic process emanating from the medulla of the diaphysis is prevented from spreading into the epiphysis and consequently the joint is saved from invasion. And, on the other hand, a tuberculosis process originating in the epiphysis is barred from encroaching on the diaphysis. In infancy and early childhood before the epiphyseal plates have been well formed, and while there are still blanks in the cartilagenous formation of those plates, the barrier to pathological invasion is imperfect, and consequently, pyogenic processes may spread from the diaphysis into the epiphysis and into the joint. Tubercle, in like manner, may spread from the epiphysis through the imperfectly formed epiphyseal plate.

Tubercle is a common disease in the epiphysis, while it seldom involves the shaft by direct extension from the epiphysis. Osteomyelitis invades the diaphysis and seldom complicates the epiphysis.

complicates the epiphysis.

As to the etiology, Konig, in a series of autopsies, was unable to find in twenty per cent. of his cases any tuberculous lesion other than that in the joint. Others maintain that joint tuberculosis is always secondary. When the bacilli are deposited in the neighborhood of a joint, they gives rise to the formation of the typical tubercle, and almost at this point we may take leave of theory and may trace the succeeding steps of the disease.

The primary cause of joint and bone tuberculosis in every instance is the tubercle bacillus. Under the head of contributing causes come heredity, environment, injury

and acute infectious disease.

The influence of heredity has been the subject of much discussion. The opinion that the disease itself can be inherited has been abandoned. One inherits the liability to the disease or rather the inability to resist it.

An unhealthy dwelling place will lower the vitality and thus decrease the resistance to the disease, as will unhealthy occupation, insufficient food, and so forth, but an infected dwelling has a much more important bearing on the incidents of the disease. This fact has an important bearing on the question of heredity. Doubtless, many of the cases that have been ascribed to heredity were far better considered as due to the infection spread about by a tuberculous relative.

Tuberculous joint and bone diseases are more frequent among the poorer classes than among the well-to-do. This has been regarded as due to lowered vitality, but is more probably due to greater exposure to infection and to the ignorance and carelessness of the very poor in sanitary matters. Most of the cases of joint and bone tuberculosis are found in the cities. Until recently there has been no attempt made at disinfection, and even at present the disinfection is not reliable. The entire trend of modern opinion is away from heredity and toward infection from without.

Before the real nature of tuberculous joints and bone diseases was discovered, it was regarded as due usually to an injury. Since then, the influence of this factor has been much debated. In actual practice, the sequence of the disease upon a distinct trauma is occasionally unmistakable, but in

^{*}Read before the Association of Attending Physicians of the Hudson County Tuberculosis Clinics, November 23, 1914.

the majority of cases, no such sequence can be traced, for in children, in whom, as we shall see, a bony focus is the rule, the portion of the bone in which the focus usually occurs is in no way exposed to injury. It is no more reasonable to claim that an injury in joint or bone tuberculosis is necessary for the development of the disease than in pulmonary or lymph-node tuberculosis. In the synovial type, on the other hand, the influence of trauma is more easily understood. Trauma must not be assumed because the ordinary function of the joint exposes it to trauma, for the structures of the joint are of course adapted to withstand the ordinary strain to which it is exposed. The tendency of the patient or of his family to ascribe the ailment to injury must always be borne in mind and must be dis-Fractures and dislocations are never followed by tuberculosis. The injury that is most likely to be a factor is usually a wrench or strain. If symptoms of tuberculosis develop after an injury, it is probable that an encapsulated focus, which up to the time of the injury was received has produced no symptoms, has been ruptured. . The disease usually follows the lodgment of infected emboli, and the tubercle bacilli are not deposited from the blood stream necessarily at the point of least resistance. The truth is to be found somewhere between the two extremes. Trauma is not essential to the occurrence of the disease, and probably does not cause a very large percentage of the cases, but as the infected material is supposed to be floating in the blood, any small injury to the joint or bone that causes a minute hemorrhage, may possibly determine the location of the disease at that point. As to the reason why great injuries, such as fractures and dislocations do not give rise to bone or joint tuberculosis, it is claimed that the vigorous processes of repair suffice to carry away the inflammatory exudate. Strains are often attended with worse consequences than broken bones, because they are generally neglected. When a bone is broken or a joint dislocated, immobilization of quite a period is obtained, but when a joint is only strained, the person still walks about, giving the most favorable possible condition for the progress of the tubercular infection, which might have been avoided by immobilizing the parts.

Acute infectious disease is recognized as a distinct, predisposing cause, especially in childhood. Measles ranks first, then whooping cough; after that scarlet fever and pneumonia.

It is not my intention to go very extensively into the pathology of this disease, but it seems necessary to consider for a few moments the histological and pathological characteristics of tubercle.

The term "tubercle of bone" is a very old one, but it did not, until comparatively recently bear the significance which is now assigned to it. At first, it was applied to almost any nodule in bone, including cancerous, syphilitic, tuberculous and other deposits. It was not until about 1835 and '37 that we find two books written, one on Pott's disease by Nichet, and another on tubercular diseases of bone by Nelaton. In these two were found the opinions that are practically accepted to-day.

As to the forms of tubercular tissue which we find in the body Nelaton claimed that tubercle of bone like tubercle of lungs occurred in two forms, and gave the names of "encysted tubercle" and "tubercular infiltration." These two forms are accepted at the present time.

A few words as to the meaning of the terms "tubercle" and "tuberculous tissue," with a description of the essential elements in the tubercle, are quite necessary at this point. The general idea with regard to tuberculous tissue is that it is a tissue containing tubercle, that is to say, containing more or less well defined nodules, and if no tubercles are found in a part, it is concluded that the part is not the seat of tuberculous disease. This view, is, however, I am satisfied, not the correct one, and its adoption has been one of the chief obstacles in the way of the early and general admission of the tuberculous nature of these diseases of bones and joints. Tuberculous tissue, as a matter of fact, presents two chief forms. It may be a tissue containing well marked tubercles or it may be, and frequently is in the joint diseases, a tissue which does not show any well defined tubercle, but which is, nevertheless, infiltrated with the essential tuberculous elements, a condition which we may term "tuber-culous infiltration." Both of these forms of tuberculous tissue, that is, tubercle and tuberculous infiltration, are found in tuberculous diseases of bones and joints.

I would describe a tubercle histologically as a microscopic nodule generally round or oval in shape, composed of a central portion made up of epithelioid cells of inflammatory origin or of more completely formed fibrous tissue. As I have already

said, tuberculous tissue in bones and joints may be found in nodules or in tuberculous infiltration. In the latter, the epithelioid cells, which is the constant element in tuberculous disease, are not collected in small masses, but either run through the tissue in broad tracks or simply scattered irregularly among the other tissue elements. The tissue, which is the seat of this infiltration, presents two chief types, namely; granulation tissue or young fibrous tissue. We must remember in the first place, the epithelioid cells are constantly present in tubercles and tuberculous tissue, however, uncertain the presence of giant cells; in the second place, they are not only always present, but they also bear a constant relation to the tubercle bacillus. On examination, you will find, where you have the characteristic histological elements of tubercle, there also will you have the distribution of the tubercle bacilli. In this tuberculous tissue, we find that the organisms are located either in or among the epithelioid cells, whilethey are not found at all among the inflammatory cells beyond the tuberculous growth.

To sum up we see that tuberculosis is an infective disease due to the growth in the tissues of a parasitic micro-organism—the tubercle bacillus. It is characterized by the production of a special form of tissue which may either present the form of nodules or of a more diffuse infiltration, the characteristic element of this tissue being the epitheloid cells. This tissue shows a great tendency to undergo a peculiar form of degeneration termed caseation, and it also excites and keeps up a condition of inflammation in the tissues around. The primary nodule does not remain single but leads to fresh development of nodules both in the immediate vicinity and also frequently in distant parts. It is only by taking into consideration the histological characters of the tissue, the tendency to caseation, the presence of bacilli, the multiplicity of the nodules, etc., that we can come to a definite conclusion as to the tuberculous nature of

Of the various points which I have mentioned those which I consider most important are the presence of epithelioid cells, the multiplicity of the nodules or the extent of the epithelioid infiltration, and the subsequent caseation. When we have numerous and evidently spreading tubercles or large tracts of tuberculous infiltration, and where caseation is occurring, I know of nothing eise which this can indicate but tuberculous disease.

In discussing the morbid anatomy of tuberculous diseases of bones and joints, we will only have time to enumerate the changes which occur in the synovial membranes and other tissues of the joints, as well as those which occur in the bones, but will not be able to discuss to any great extent these various forms. The disease may be primary or secondary in either of these tissues, and the character of the changes which take

place varies accordingly.

We may divide the changes which occur in the synovial membrane into four groups: (1) Various forms of diffuse thickening of the synovial membrane; (2) limited thickening of the synovial membrane, more especially the formation of one or more fairly limited nodules; (3) acute miliary tuberculosis of the synovial membrane; and (4) a form where there is not so much thickening of the capsule at first, but where there is hydrops or pyarthrosis, a condition described by Konig, and termed by him "tuberculous hydrops and tuberculous empyema of joints."

The changes which occur in bone as the result of tuberculous deposit in them, are very various, and to some extent merge into one another. The following are, however, the chief forms: (1) Miliary tuberculosis of bone; (2) soft caseating deposits in bone; (3) tuberculous deposits with sclerosis of bone and necrosis; (4) superficial tuberculous disease of the articular surfaces of bone, in connection with which we have to study the changes in the articular cartilage—this form is always secondary to deposits in bone and to disease of the synovial membrane; (5) the condition termed "caries sicca"; (6) diffuse condensation of bone, in connection with tuberculous disease; (7) diffuse softening of bone and formation of "red marrow"; (8) tuberculous periostitis; and (9) tuberculous osteomyelitis of the short bones, one form of which is "spina ventosa."

In connection with these tuberculous affections of bone we must also study the inflammatory processes which accompany them, and which play a most important part

in the destructive changes.

As to the treatment of bone and joint tubercular conditions, we have, as in all forms of this disease, to consider the following points: (1) The general health of the patient; (2) rest or immobilization of the parts invaded by the disease; (3) the use of the anti-toxins and serums; (4) surgical procedures; the latter being especially applicable to the bone and joint cases. As to

the first point under consideration in the treatment of these cases (the general health of the patient) the same rules will apply as in all forms of the disease, which depends on fresh air, sunlight and proper nourishment. The essential points in this particular line of treatment are so well understood that it will hardly be necessary to give them at this time farther consideration, except to say that it is always a question whether the local or the climatic treatment is, for the time being, of most urgent importance. In bone and joint disease, it is mainly in the early stage, while there is as yet no question of operative interference, that the change of climate is of greatest value, or, again, after the necessary operative interference has been carried out; where an operation is impending, or where such methods of treatment as extension are necessary, change of climate is, for the time being, inadvisable. The problem as to when it is best to send the patients to the country or when to keep them in town, so that the local treatment may be carried out under one's own superintendence, is thus a very difficult one, and quite different from that which has to be faced in connection with phthisis.

The second point, rest or immobilization of the parts involved, I believe to be of great importance. This line of treatment is used more in bone and joint cases, but is no more essential as a cure than in other parts of the body affected by tuberculosis, but on account of the anatomical construction and the ease with which the treatment can be applied to the bony parts, its use is more applicable and successful than it would be in the lungs, kidneys or other parts of the body where functional activity is essential to the maintainence and preservation of life, and in which complete immobilization is necessarily impossible. the matter of immobilization in these bone and joint affections, I believe we fail to appreciate the importance of absolute and complete immobilization over a proper period of time, and too often fail to get satisfactory relief because of an imperfect and only partial immobilization for too short a time. There is no greater proof of the beneficial effects of immobilization of the joints in this disease than the Albee operation in Pott's disease or tuberculosis of the spine

Under the third head, the use of serums and anti-toxins, there are varied opinions expressed as to the efficacy of this line of treatment, but it would seem that the majority of authorities favor the use of tuberculin, but as in the use of all forms of anti-

toxins and vaccines, great care and intelligence should be used in the proper application of these remedies. Under this same head, I will mention the Bismuth paste, Bier's treatment, cupping, and so forth, all of which have their advocates, and all of which are claimed to be worthless by some good authorities.

On the fourth point, surgical treatment of these cases, our best authorities most decidedly disagree. The two essential points are whether operative interference will prevent the spread of the disease or whether it does not favor a dissemination of the disease. There certainly seems ground for believing that partial operations can lead to dissemination of the tubercular process, and that, far from saving the patient, may lead to further infection. Thus, as regards acute tuberculosis, it seems now to be the experience of many surgeons that it occurs most frequently in cases that have been operated on. Konig states that of eighteen cases of acute tuberculosis in his practice, sixteen occurred after operation. Others have claimed similar results. Waterman claimed ten per cent. of his cases died of acute general tuberculosis following operations; but we must remember with regard to the statistics that up till quite recently excision was only a very partial operation. It seems to me to stand to reason that complete removal of the disease by cutting beyond it, and not by scraping or gouging, cannot cause any real risk of the dissemination of the disease process, while on the other hand, it can only rid the patient of one source of infection, leaving him, however, exposed to the occurrence of dissemination from the original focus. The danger of partial operation must be borne in mind, and if surgery is used, it should be radical.

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Advertismo Occulata-A Recent Disease,

Advertismo occulta is not yet described in text-books, though numerous sporadic examples have occurred within a year. Students of mental diseases would describe it as a form of "exhibitionism." It is an affection of the sense of justice. Recently a well-konown surgeon came down with it. A review of the reported cases seems to show that this disease particularly affects surgeons. In brief, advertismo occulta is that form of advertising in the lay press or magazines, of which the subject (hero) is not supposed to be aware that he is being described.—B. Joseph in Vermont Med. Monthly.

PAIN OF THE UPPER ABDOMEN DUE TO CHRONIC DISORDERS.*

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Several years ago, when appendicitis was just beginning to be understood, a surgeon often made the statement that all abdominal pain was due to appendicitis. But of late years abdominal diagnosis has become more clear and we know now that there are many chronic conditions in the abdomen which may be productive of pain. While appendicitis is a very important one of this class, chronic gall bladder disease, duodenal and gastric ulcers and pancreatic disease, furnish a large part of such cases. It is to these chronic disorders that I shall direct my remarks, with a scant reference to some of the acute conditions. Much has been written on this subject and our appreciation of the conditions, manifested by pain has been much enlarged. There is still, however much confusion and we have not yet arrived at the point where we can state that certain symptoms are pathognomonic of certain diseases. Whether we will ever arrive at that point or not is very doubtful, for there is such an overlapping of symptoms that it is almost impossible at times to determine what organs are affected. Further we must take into consideration the fact that in many cases one or two, or even three, organs may be affected. This is the more apparent if we believe with Moynihan, that frequently gastric and duodenal ulcers have arisen from some infectious focus, and that this most often is a chronic appendix. There are, however, high points in the history of each of these cases which give us strong indications for the direction of our thought. If one depends too much upon such points, he is apt to make a snap diagnosis without thorough investigation; still they are of distinct advantage, for there is in all of us a subconscious working out of a diagnosis by intuition, as we please to call it, but which rather, is the use of knowledge that has been mislaid but not forgotten. I am firmly of the opinion that the attending physician must make at least a tentative diagnosis of the cause in each of these cases. He has no right to be content with the conclusion that it is one of

several of these disorders and ask a surgeon to operate and determine whether it be a chronic appendix or duodenal ulcer, that must be removed. While it may be possible in all cases for us to make a diagnosis, which will not be subject to correction, a careful study of our cases will reveal such combinations of symptoms that we can come to a conclusion as to the most probable cause, and in a majority of instances be right. Nor do I believe that the surgeon is justified in making a snap diagnosis upon the one or two prominent symptoms in the case, nor to accept the diagnosis of the medical man without careful investigation. The impressions and judgment of the two will be able to clear away certain of the obscure points so that they together may arrive more certainly at the correct diagnosis before the operation.

The most important factor in this matter is a painstaking, thorough history of the Years ago Gerhart, of the Second Medical Clinic of the Charite in Berlin, insisted that this was just as important as a physical examination, and made the statement that with a properly taken history he could frequently make a correct diagnosis before the physical examination was made. His histories were of that careful and detailed character which are so necessary in this relation. In disease of no part of the body is this of so great value as in the abdomen. The physical examination, laboratory investigations and X-ray pictures are, I believe, of less importance than this, but serve materially to corroborate or negative the findings gotten in the history. It is a very difficult matter to get a complete history from most patients. All of us waste much time listening to the long list of symptoms given by the introspective patient of garrulous habit; but a little patience will reward us by information on the most important points. Far oftener we have to deal with a patient of opposite character, who does not know whether his pain comes early or late, before or after food, and so on. A second or third cross-examination of such will often elicit points of value, for the previous interviews may have served to arouse his memory of some symptoms which occurred so long ago that he has almost forgotten them.

Pain is the most important of all symptoms of disease of the abdomen. It must be considered from the following points: Character, location, regularity of appearance, duration, nature of relieving agent, radiation, causative factors. The history

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must also elicit information on nausea, vomiting, hemorrhage, belching and general

bodily health.

In the physical examination inspection and palpation are of most value. We must determine as to whether there is tumor, swelling, tenderness or jaundice. We must determine whether there be tenderness over the point of pain or not; whether this tenderness is in the Mayo Robson point, which is at the junction of the upper third and the lower two-thirds of a line, running from the ninth rib to the navel; whether pressure over the McBurney point produces pain at point pressed upon or in the left side of the abdomen or in the epigastrium. If the fingers are hooked into the right hypochondrium and the patient asked to take a deep inspiration, there will frequently be pain or a catch in the breath if the gall bladder is affected.

Analysis of the gastric contents and of the feces will frequently give us information of value. Roentgen ray examinations with fluoroscope and photographic plates may give us positive information of the presence of ulcer or cancer of the stomach and duodenum. Kidney stones have been diagnosed in this way for a long time and now roentgenologists claim that a large percentage of gall stones will give shadows and some very fine photographs of gall stones are shown.

The characteristic point about duodenal ulcers is the almost absolute regularity in the attacks of pain. During the period in which the patient is suffering, his distress will appear day after day in the same character, and at the same times. time will be from two to four hours after taking food. It is the so-called hunger pain. It frequently appears at the same hour in the night, most often between midnight and two A. M. In this regularity does it differ from the night attack of gall bladder pain. It lasts until relieved by the taking of food or alkalies, by vomiting or irrigation of the stomach. It is of a gnawing, boring, burning character, frequently accompanied by a burning spot in the back. It may be located in the epigastrium or hypochondrium. The general statement may be made that if the pain is to the right of the middle line and above the navel, it is due to duodenal and not gastric ulcer. may be long periods of intermission with no symptoms of dyspepsia or only a statement of acid eructations. Hemorrhage from the stomach may occur. Occult blood may be found in the gastric contents or more often in the feces. The antecedent history will frequently show as causes of this disturbance, business or domestic worry, great strain in business, or indiscretions in eating and drinking. The patient is better in the summer than in the winter, and this is probably due to the fact that business affairs are less pressing or he is taking a rest. X-ray pictures taken with a bismuth meal will commonly reveal the location of the ulcer if it is excavated sufficiently to hold the bismuth. The same statement may be made in regard to gastric ulcers. In very old cases the patient may get into a condition of constant pain, which will be relieved by nothing except morphine. In a case of mine, which was operated upon a year ago, this was so, but the history showed that she had had the characteristic periodicity

and relief at an earlier time.

The pain of gastric ulcer, like that of duodenal ulcer, is characterized by the positive regularity of its appearance. Day after day, one-half to one hour after food, the pain appears. The nearer the ulcer is to thepylorus, the later does it appear, as a rule. It is this class of ulcers which make the diagnosis from duodenal ulcer most difficult. The pain is located in the mid-epigastrium or to the left, and this spot is usually tender. Perhaps the most characteristic sign in gastric ulcer is food retention, i. e., remnants of food, sometimes very slight, may be found, with the ordinary methods of lavage, eight to twelve hours after the last meal. The pain of gastric ulcer is like that of duodenal ulcer in the following particulars: It is accompanied by a burning spot in the back; it may be relieved by taking food or alkalies, by vomiting or lavage; it is gnawing, boring or burning in character; attacks may be ushered in by chilling of the body almost as frequently as by indiscretions in diet. Hemorrhage is more apt to occur in gastric than duodenal ulcer. Hemorrhage must not be taken as pathognomonic of peptic ulcers, however, unless it is preceded by and followed by other symptoms of ulcer. Hyperchlorhydria is more marked in duodenal than in gastric ulcer. The periodic appearance of pain at night, which is common in duodenal ulcer, is seldom seen in gastric ulcer.

In gastric cancer pain is less common than in ulcer, but when it occurs it is more continuous. It is less acute and is a dull, depressing ache, which is made worse by food. It is located in the epigastrium, but tender spots are not common. Copious vomiting of poorly digested food contain-

ing fresh or changed blood may occur. Vomiting will give great relief, but not such complete relief as in ulcer. The appetite is lost, weight decreases and regurgitation becomes less and less acid. A tumor in the epigastrium usually means cancer. I have, however, seen one case in which the enlarged left lobe of the liver, due to decompensated heart disease, was mistaken for cancer. The laboratory tests for an early detection of cancer have been disappointing. The frequent malignant degeneration of gastric ulcer is well known. The time at which the ulcer becomes changed is almost impossible to determine. It may appear early in the history of the case. Such a case was seen by me in the Philadelphia Hospital during the last summer. The patient had had indefinite symptoms of ulcer for about two years, and while he showed anemia and a moderate loss of weight, the carcinoma was not suspected. The operation showed carcinomatous degeneration of a large ulcer on the lesser curvature. The roentgenologist had stated that the picture appeared to be that of can-

cer or ulcer.
In gall bladder disease it is impossible in most of the cases to decide whether we are dealing gall stones or cholecystitis or both in combination, but as the treatment remains the same, we need not be greatly disturbed if we fail to make the distinction. The pain is of a distending, bursting character, and there is often a sense of dragging in the region of the liver. Patients will frequently state that the attacks of pain or distress will occur after one particular form of food. The attacks occur at irregular and long intervals and frequently in the middle of the night. These night attacks are irregular in appearance and do not occur night after night at the same time as is characteristic of duodenal ulcer. We may see four to six mild attacks within a period of two weeks and then a long period with no attacks. They are not apt to be relieved by vomiting, but with the relief of the pain there is often profuse vomiting of bile. The pain may be terminated suddenly and a patient of mine told me some years ago that she had a sensation of a warm fluid running through that portion of the body which had been painful. The pain is of longer duration than is seen in duodenal or gastric ulcer; the attacks are very frequently accompanied by shivering and a moderate rise of temperature. This last is quite characteristic of the pain of gall bladder disease.

It is most intense in the epigastrium or right hypochondrium and if radiation occurs it is to the back, usually on the right side. There is tenderness over the Mayo Robson point and the fingers hooked under the ribs will often elicit tenderness. The history may reveal previous attacks of jaundice or one of typhoid fever or other enteric infection in early life. Hemorrhage may occur, but it is rare as compared to the hemorrhage from peptic ulcers. The disease occurs more often in women of middle life than in men, while duodenal ulcers are more frequent in men and gastric ulcer may occur in younger persons. Perhaps the most valuable point in eliminating gastric and duodenal ulcers will be that the pain will almost never show any distinct periodicity in its appearance as it does in ulcer. The recovery of gall stones in the stool or their appearance in the X-ray picture will make the diagnosis certain.

In cancer of the liver or of the gall bladder the pain has a tendency to be constant, is dragging and accompanied with a sense of fullness; an enlarged liver or tumor may be felt. The nodular feeling of the gall bladder filled with stones ought not to be confused with the nodules of the cancer of the liver. In cancer, jaundice is usually continuous, with perhaps periods of less distinct coloration; it has often appeared without attacks of pain. Distended gall bladder with permanent jaundice usually means

cancer of the gall bladder.

The gastric symptoms from chronic appendicitis, as in gall bladder disease, are reflex. Neither condition causes periodic pain as is seen in the peptic ulcers, and gastric manifestations occur only when the irritation in the extra-gastric point reaches an advanced stage. In chronic appendicitis the pain is frequently epigastric, but may be in the region of the appendix. Pressure over Mc-Burney's point will cause pain here or in the left abdomen, or in many cases in the epigastrium. It may require deep pressure to elicit tenderness. Sometimes pressure the next day will bring out the tenderness because the previous examination has seemed to arouse the latent inflammation, The pain appears usually just after food, but the attacks are not all alike; different foods produce different effects, and at no time does food relieve the pain. Constipation favors the attacks and exertion exaggerates them. The pain may be constant and prevent the patient from doing his work. In the lighter attacks there may be only distress, nausea and distention. These attacks are not subject to marked intermissions.

In acute pancreatitis with a sudden appearance of pain in the epigastrium or hypochondrium and great prostration, the condition might be confused with perforated ulcer. A history of previous attacks of ulcer will be helpful in differentiating these disorders. In pancreatitis there is oftener tumor and tympany in the epigastrium than

rigidity, as is seen in perforation.

In chronic pancreatitis pain is almost constant. It is frequently accompanied by, and apparently caused by, gall stones (86 per cent. of cases according to Mayo). The pain is usually located in the epigastrium and varies from dull discomfort to the colicy pain of hepatic colic. Nausea and persistent vomiting are frequently found. Loss of weight and permanent jaundice, which varies in intensity, make this disorder simulate cancer of the gall bladder. of weight in pancreatic disease is more frequently due to dieting than loss of appetite. as in carcinoma. The jaundice is apt to appear as in cancer, before pain. Fatty stools, inability to digest keratin capsules, undigested muscle nuclei in the feces, found according to the method of Schmidt, and glucose in the urine, will point toward chronic pancreatitis. I have in mind a case seen for several years in which a diagnosis of gall bladder disease had been made and on account of the presence of glycosuria, chronic pancreatitis was thought to be pres-This combination probably accounted for the peculiar attacks of pain; they might appear in the epigastrium or hypochondrium or in the lower abdomen, but sooner or later centered in the gall bladder region. After several frank attacks of gall stone colic, she consented to an operation. The stones were found in the common duct and the head of the pancreas was hardened.

Attacks of *renal colic* will not very frequently simulate any other chronic condition in the upper abdomen. The sharp, cutting pain most frequently found in the loins and radiated to the lower abdomen, which is accompanied by blood and crystals in the urine and tenderness of the kidneys, revealed by bi-manual palpation, will usually make a diagnosis clear. The X-ray will in most cases give us positive information of the presence of the stone in the kidney, ureter or bladder.

The kinking of the ureter of a floating kidney may in certain conditions appear to be an attack of hepatic colic. But the appearance of an intermittent hydronephrosis

with the subsequent passage of a large amount of urine, will turn one's attention towards the kidney. The palpation of the loose kidney, the absence of jaundice and of tenderness over the gall bladder will make the diagnosis certain in many cases.

Abdominal crises in tabes have caused confusion, and led to operation, particularly if they occur before the appearance of altered reflexes and changed gait. The vomiting in these crises is sudden, prolonged and straining, and may occur when the stomach is empty of food. There is usually no concurrent dyspepsia. A history of earlier syphilis and the appearance of the signs of tabes later will determine the diagnosis.

Angina abdominis is a rare condition, but this pain must be considered. It is usually accompanied by high blood pressure, which is absent in most of the other disorders. The evidence of atheroma elsewhere and prompt relief by the use of vascular de-

pressants will be determining.

The characteristic points of these disorders are as follows: Of gall bladder disease, tenderness over the gall bladder, shivering during the attack and a tendency for the pain to come on at night at irregular times. Of duodenal ulcer, periodicity of the pain after meals and at night; relief when the acid is neutralized or the stomach emptied. Of gastric ulcer, the presence of food remnants eight to twelve hours after the last meal, periodicity in the appearance of the pain after meals. appendicitis, tenderness sooner or later over the appendix, and a tendency for pressure here to cause pain in the epigastrium. Of pancreatic disease, pain with permanent jaundice in varying degrees, presence of sugar in the urine and fat in the stool. Of cancer, anemia, progressive weakness and loss of weight.

I want to say in conclusion that while these disorders often have symptoms alike and are confusing, a careful study of each case of so-called chronic dyspepsia, will reveal in nearly all, such combinations of symptoms and signs that will enable one to make a clear and definite diagnosis.

Making a Peaceful Life.—Remember that in life you ought to behave as at a banquet. Suppose that something is carried round and is opposite to you. Stretch out your hand and take a portion with decency. Suppose that it passes by you. Do not detain it. Suppose that it has not yet come to you. Do not send your desire forward to it, but wait till it is opposite to you.—The Encheiridion.

CONCERNING APPENDICITIS AS THE FACTOR IN OTHER AB-DOMINAL AFFECTIONS.*

By Levi Jay Hammond, M. D. Philadelphia, Pa.

Surgeon to the Methodist Episcopal Hospital.

Of all affections within the abdomen that of the appendix must be esteemed the most frequent, the most helpless in its own defence and most varied in the consequence. Indeed there seems convincing proof of the frequency with which disease in even remote organs is directly dependent upon primary infection of the appendix. A critical analysis of the finding in 920 operations at the clinic of the Methodist Episcopal Hospital, Philadelphia, where the signs and symptoms of appendicitis indicated primary involvement of that organ, and where analogous disease existed in the various organs of the abdomen at times remote, would seem to indicate that the existence of the appendix establishes and maintains an important anatomic and physiologic relation to the remainder of the digestive system. It cannot from either of these viewpoints be considered indefinitely or potentially, but infinitely and actually as a specialized and functionating organ, intimately blending with the remainder of the digestive tract. Its principle characteristic is lymphoid tissue, which is collected together in this specialized differentiated portion of the intestinal canal.

E. M. Corner says nature has made use of a disappearing structure and endowed it with a secondary function by giving it lymphoid tissue to protect the body against the micro-organisms abundantly present in the ileo-caecal region. One property of lymphoid tissue is to produce leucocytes. and in healthy appendices the phagocytic action of the leucocytes in this part of the intestines is obviously of great value in destroying the excess of bacteria that accumulate in the caput coli, and it is only after the sclerosed appendix has impaired or destroyed the function of the lymphoid tissue that acute appendicitis develops, the disease being enterogenic in origin, and as a rule is a slow process resulting from stagnation of the intesinal contents in the caecum. It is universally accepted as true that appendicitis is essentially a chronic disease and in these chronic fibrosed appendices we find

*Read before the Atlantic County Medical Society, November 13, 1914.

disappearance of the lymphoid tissue and impairment of the muscular action of the organ, with marked intestinal derangement.

In considering the development and life history of the appendix we are impressed with the fact that a well defined appendix is found only in the anthropoid ape, lemurs and the opossum. It is longest and thickest between the ages of ten and thirty, and the frequency of disease is greatest between the ages of ten and twenty. As to its demonstrable anatomic relation with other abdominal organs, I would especially refer to that of the meso-appendix and the ovary by a peritoneal fold extending directly from the former to the latter. This relationship between these organs explains their co-existing diseases, and the frequent association of the appendix and adnexal disease, such as adhesions between the appendix and Fallopian tube when either is primarily affected. The spreading of the infection to the pelvic-fascia and Fallopian tubes, resulting in pyosalpinx, parametric inflammations and scotic abscesses in Douglas' pouch, were not uncommonly met with in this group of patients, in association with appendicitis. Through the infundibulo-pelvic ligament the adnexa of the left side may be alone involved.

Of all the organs the liver is the one which appendicitis causes to suffer most. The researches of Duvergy into the glycogenic ability and bile generating function of the liver in this connection is interesting and seems of value in determining whether one or both of the organs are at one and the same time the seat of infective inflamma-Acute appendicitis is accompanied with great hypoazoturia, the diminution amounting to 5 grains on an average in 24 hours. In the subacute stage the urea rises 30 to 35 grams in 24 hours, and as convalescence progresses descends to normal. It would seem therefore that the curve in urea secreted would serve as a guide both in diagnosis and prognosis.

Epigastric symptoms, so commonly present, must be regarded as reflex phenomena caused in the domain of the vagus nerve by an acute or chronic irritation, inflammatory or mechanical, in the nerve terminals of the appendix, hence in many cases of chronic appendicitis spasmodic pain and distress are referred to the stomach, left hypochondriac, umbilical, left inguinal, and praecardial regions. By this reasoning, it is readily seen why, in chronic or recurring appendicitis there results a gastric dyspepsia which arises from, and is dependent upon, trouble

within the secretory, motor or vaso-motor function of the viscera.

We must constantly remind ourselves that this spontaneous pain located in the appendix can simulate widely different conditions such as neuralgic or neuritic pains of influenzal origin. They are in like manner referred to the hip, the thigh, or again to the thorax as found in pneumonia and acute tuberculosis, and toxaemia may be so pronounced as to cause marked icterus and symptoms of cerebral intoxication.

Chronic duodenal and gastric ulcer it would seem may be dependent upon septic thrombi of appendiceal origin. The experimental work of Payr (of Griswold), recently sought to establish a correlation between appendicitis and gastric ulcer by injecting into the veins of the meso-appendix an emulsion of dermatol, thus forming a thrombus in the gastric veins which was fol-

lowed by a round ulcer.

Biliary lithiasis, chronic cholecystitis and heptatis furnish forceful evidence in support of their origin in part, at least, depending primarily on infection of the appendix. The frequency of the occurrence of appendicitis renders it less likely to be undetected than the associate disease, though at times symptoms of primary appendicitis may be obscure and pass unperceived, as for example, when involved in inguinal or crural hernia, renal colic, ureteral and cystic cal-In this connection we must also be mindful of the frequent presence of nephritic sand, the existence of which should not cause to be admitted the diagnosis of renal colic until recourse to cystoscopy or ureteroscopy has made the condition clear, as patients with chronic appendicitis are often subject to renal lithiasis due to the intestinal toxaemia arising from stasis

We are confronted with two problems, that of appendicitis with associate affections in other abdominal viscera with symptoms of appendicitis predominating, and secondly, with disease where symptoms simulate appendicitis. All may give rise to symptoms difficult to differentiate, yet wholly separated from it. In the latter instance, such conditions as atonic dilatation of the stomach, ptosis of the viscera, especially of the terminal ileus, kidney, etc.; again, inflammation of omentum, caecum-mobile, typhlitis, intestinal kinks, twisted pedicle of cysts, and acute angulation of the terminal ileus are instances of visceral affections giving rise to symptoms of appendicitis and for which appendectomy has been performed with obviously negative results.

Recurrent attacks of supposed typhoid fever have been proven chronic appendicitis and prompt cure result from its removal, one such case having been reported by J. W. Kennedy which proved on microscopic examination to be a mucocele, the normal appendiceal tissue having entirely disappeared.

The difficulties of exact diagnosis are even at the present day made clear to every surgeon. Most of the laboratory procedures including the X-ray and bismuth methods have been proven to possess but a curious interest, and while we know but little of the histogenesis of appendicitis, we are certain at least of this, that the diagnosis must be based upon the existence of a painful zone. The significance of this fact is, it can always be elicited at the point where the appendix is anchored, hence failure to locate it would imply want of thoroughness in details of examination, for it can always be detected if palpation combined with rectal and vaginal examination be tho-Especially is rectal examination of value in chronic and post-coecally attached appendices, for in this way not only will the painful spot be located, but the invariable occurrence of reflex spasm of the abdominal muscles will bear considerable importance. I have often known patients to complain of more pain on the left side than on the right where thorough examination plainly located the involved appendix. L. Mayor terms this pain "surgeon's pain" (Doulour chirurgical). While I have never demanded a precise location of the pain at the usual point, (McBurney's), it is a rule with me never to operate for acute or chronic appendicitis without finding a tender spot usually marked by the right half of the abdomen. We are obliged to take from this symptom of pain all additional signs possible, and it is this failure which is often the origin of the greated part of the diagnostic errors. The voluntary or spasmodic pain in chronic appendicitis can be either dull or lancinating, and is located in the right flank or more often on a level with the umbilious or a little below it. More rarely it occupies the entire side of the abdomen extending as high as the epigastrium and above to the thorax, or, again, into the left iliac fossa.

As to the pain, it should be sought by observation and palpation rather than interrogation, for pain from this cause presents the peculiarity of being most intense at a given point in the same patient, and when this particular point is located, the ad-

ditional reflex muscular contractions produced by palpation will prevent confusing with simulated or suggested pain. It may be at times deep seated and appear only after palpation, and persisting after the examination is completed. In this reported series some cases were confounded with intestinal obstruction, with acute and chronic enteritis and entero-colitis.

ACTUAL AND SIMULATED ACUTE APPENDICITIS

Of the patients suffering with acute appendicitis, I would particularly refer to the coincidence of acute attacks of appendicitis in the newly wed female and in the beginning of pregnancy, salpingo-ovaritis, and with the early or incipient period of typhoid fever. The frequency of acute appendicitis causes us often to conclude such a diagnosis erroneously as the actual condition may be a perforation from a gastric or duodenal ulcer or acute pancreatitis. Indeed, such eventualities should always be thought of when in operating for acute appendicitis one finds the appendix nearly normal, simply congested but with suspicious liquid in the abdomen.

In the presence of such signs, it is essential that we exclude in addition to the possibilities referred to, acute salpingitis. acute cholecystitis, or, more rarely, the error may be torsion of the pedicle of an ovarian cyst, as two of my cases have prov-Intestinal tumors are less rarely the cause of error, though ileo-caecal tuberculosis may simulate acute appendicitis, and the exact nature of the morbid process made clear only at operation, or metastatic abscesses of tubercular origin may form the greater part of acute appendicitis in which the appendix takes no part, though the symptoms may simulate it. The confusion of acute appendicitis with a simple indigestion or hysterical enteritis is an eventuality readily avoided by analysis of the blood in conjunction with painstaking physical examination. Lillianthal has reported a case af phlebolith of the right renal vein which also simulated acute appendicitis.

ACTUAL AND SIMULATED CHRONIC APPENDICITIS.

In chronic appendicitis errors are still more frequent. Every one admits that appendicitis exists as a chronic entity and, as Tedenat has well shown, it creates a variable state of anarchy in the abdomen, persisting until old age or making ready, during many months or years, for a more or less violent explosion of an acute attack. It is made manifest in its quiescent state in a very variable manner, and by troubles

often ill defined as chronic intoxication either of the stomach, liver or intestines, and Delageniere has called attention to a special pulmonary form manifesting itself as asthma.

Because of these vagaries, patients are unduly operated for appendicitis which they do not have. There exists nevertheless in a large percentage of these appendices distinct pathologic lesions of chronic appendicitis. In addition to foreign bodies there have been found in most of my patients lesions of sclerosis, atrophy of the mucous membrane and total obliteration of the lumen. This last morbid variety has been proven the remains of a chronic inflammation and not a process of physiologic retrogression as held by some. It is, therefore, now a settled conviction that chronic appendicitis with obliteration of the lumen bears a causative relation to carcinoma, and is a disturbing factor in the physiologic function of the gastric, hepatic, duodenal and pancreatic system. Sclerosis of the appendix should be considered as an inflammatory remains, as, when removed in the course of laparotomy for other affection, and studied microscopically, it has been proven sclerosed and obliterated, even where the patient's previous history gave no symptoms referable at any time to the appendix, which supports the contention that appendicitis is primarily a chronic process, and that it can without symptoms undergo imperceptible evolution. On the other hand, such a favorable termination cannot always be assured, as it is in just these forms of appendicitis that primary carcinoma has been most frequently found. In my series there were three, the existence of cancer in two of which was not even suspected until microscopic study had revealed its presence. It is highly probable that routine microscopic study of these chronically obliterated appendices would discover an even larger percentage had undergone malignant transition. This possibility is additional reason for the prompt removal of all chronically inflamed appendices. Chronic appendicitis is frequently unrecognized, and daily confounded with hyperchlorhydria, gastritis, dyspepsia of every kind, and with entero-colitis both mucous and membranous, in all of which it is more often the cause.

It is well to be mindful of the possible presence of a chronically inflamed appendix in painful irreducible right inguino-scrotal hernias. We must be equally mindful of the frequent presence of worms in the ap-

pendix as a cause of chronic inflammation and conversely of the simulation of appendicitis in children by worms in the intestines.

I would again speak of the frequent association of chronic appendicitis, movable kidney and entero-ptosis, with caecal stasis, the latter causing general systemic derange-

ment through toxaemia.

When differentiation of the various abdominal affection is doubtful, and it becomes necessary to hesitate about the existence of the lesion being appendicular, renai, visceral or ovarian, and the morbid symptoms are sufficiently pronounced for an operation, such should be undertaken through an incision capable of allowing intervention at the same time with the viscera and the appendix, or with the ovary and the appendix, or with the kidney and the appendix, the necessary technique of which need not be considered in this discussion.

Faisans says: "Appendicitis is so frequent that one must always think of it and seek for it systematically by aid of interrogation and a complimentary examination as one seeks for alcoholism and syphilis."

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular February meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, the 12th, at 8:30 o'clock.

The meeting was well attended and a very interesting scientific program was presented.

Dr. Charles A. E. Codman, of Philadelphia, read a paper on "Treatment of Cancer, Other than Surgical." Dr. Codman illustrated his paper with lantern slides showing cases of cancer in the various stages of development and treatment.

Dr. William S. Newcomet, of Philadelphia, read an instructive paper on "Radium from the Physical and Therapeutic Standpoint."

Dr. Clarence Andrews, of Atlantic City, presented an interesting specimen of intussusception and spoke in length on the subject.

The Board of Censors reported favorably on the names of Dr. W. Price Davis and Dr. Albert L. Levy, who were elected to active membership.

BERGEN COUNTY.

Fred. S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, February 9th, at 8.15 P. M. President Frank Freeland occupied the chair; 15 members being present.

Dr. J. T. Wyckoff, Leonia, was elected to membership.

program: Dr. George Woolsey, Scientific New York City, presented a paper on "Cancer of the Stomach," The paper was discussed by several of the members and proved of great interest. Dr. Woolsey has promised this paper for publication in the State Society Journal.

After a social session the meeting adjourned.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society gave evidence again last month of the extensive live work they are striving to do. The meeting February 17th, was a busy one crowded full of important business, interesting reports from committees, and a very instructive address by Ficfessor Max Schlapp, of the New York Post-Graduate Hospital and Medical School, on "The Problem of the Mentally Unfit." It was a joint meeting of the county society and the Academy of Medicine of Northern New Jersey, held in the Board of Trade rooms, Newark, and was well attended. Dr. Schlapp spoke at length on the various problems (and they are certainly many and grave) of the care, education and treatment of the mentally unfit. He demonstrated by graphic charts the appalling increase of cases of insanity, vastly greater than the increase of population, in different countries. The causes of mental deficiency received much attention, charts showing the relative frequency of different factors, as alcohol, syphilis, etc. These two were astonishingly constant in all tables, of country, sex, etc., and led others. One of the important committee reports was that on Certified Milk and the recent investigation by the Essex County Medical Milk Commission of the large Fairfield herd. The special Board of Veterinary Experts, Dean V. A. Moore, of Cornell University; Dean L. A. Klein, of the University of Pennsylvania, and Dean D. S. White, of the Ohio State University, having made a very exhaustive investigation and tested with tuberculin the entire herd, have made their report which, with their recommendations acted on, leaves the product of this dairy the purest and cleanest procurable and warranted the commission's restoring the certificate to it. This result is gratifying to the Medical Profession, which has a cardinal interest in the success of Certified Milk, and is emphatically reassuring to the public who are concerned in the security the precautions of certification affords. Another active committee to make a progressive report was that on Public Health Education, which committee in Essex County has always since appointment been foremost in advancing the propaganda of the A. M. A. for strengthening the confidence of the public in the medical profession. A lecture by Dr. Gregory Passoner, of the American Association for Labor Legislation, was given in January at Union Hall, Newark, to a large audience of about 400, on "Occupational Diseases," which cause in the U. S. A. an annual loss, and preventable, of over \$772,000,000. He stated that New Jersey was foremost in legislation for prevention and emphasized the value of the law for immediate reporting of cases. Other lectures reported given were by members of the committee in different localities on Sex Hygiene and First Aid, and some other society members were on the list of available speakers and had helped before Coming events were announced as follows:

March 17th, a lecture by Dr. Ira S. Wile, of New York, on "Sex Hygiene," this to be a special joint meeting with the educators under the Board of Education for discussion of this important and perplexing topic; five other lectures during the next few weeks on different subjects by speakers which include Dr. William J. Robinson, Dr. Herman Biggs, Dr. Brill, Dr. Betz and some of our own members. Another committee made a report on their activity in presenting for election to the county society a ballot containing 42 names, this being an addition to a list of ten last month and more are coming. This is thought to be a record for new members at a single meeting of a county society. The names follow:

Drs. Otto Lowitz, Herman Shlappin, H. Louis Fuerstman, John Huberman, Herman B. Campbell, Louanna Heath, Emanuel Yadrowsky, Charles M. Robbins, Harry C. Povey, John J. Mohrbacher, John P. Rohn, T. J. Kelly, George H. Hahn, Ambrose Dowd, Ernest Tut-schulte, John L. Young, Solomon Greenberg, Harry Ost, L. Kauffman, Nathan Furst, Paul H. Hosp, Philip H. Federman, William H. Warren, Joseph Cerire, Frank A. Caruso, Adelbert B. Twitchell, F. R. DiMatteo, Caldwell Morrison, Watson, F. L. Rodeman and William Rankin Ward, all of Newark; Dr. Edgar Calvin Seibert, of Orange; Drs. William H. Cooke and Arthur F. Thompson, of East Orange; Dr. Ernest W. Mieran, of Irvington; Drs. William Satterer and William A. Tansey, of Vailsburgh; Dr. Virgil H. Cornell, of Essex County Hospital, Overbrook; Dr. Frederick S. Bootay, of Belleville; Drs. Alex. Eugene Wrensch, Frank French Thompson, Leslie C. Love, of Montclair; Dr. Irving Avard Meeker, of Upper Montclair.

The Essex County Pathological and Anatomical Society met in regular meeting on Thursday, February 11th, offering the following profitable program:

Cases: 1. A case of Actinomycosis, Dr. Thorne (Greystone Park); 2. a case of von Recklinghausen's Disease, Dr. Wallhauser.

Specimens from Pathologic Laboratory of City Hospital: 1. A Spleen showing Metaplastic Ossification, Dr. Comando; 2. Ecchinococus Cysts of Liver and Omentum, Dr. Van Ness; 3. Fibroblastoma of Sphenoidal Sinus, Dr. Sutton; 4. Melanoblastoma of Leg, Dr. Mikels.

Resume with illustrative cases: 1. Sarcoma of Long Bones, (a) Case Presentations, Drs. Haussling and Sutphen; (b) Resume, Dr. Martland; 2. Acute Hemorrhagic Pancreatitis, (a) Case Presentative, Dr. Staehlin; (b) Resume, Dr. Martland.

The Academy of Medicine, Section on Pediatrics, met Thursday, February 4th, and heard a very excellent paper by Dr. Linnaeus E. La-Fetra, of New York, on "Some Disorders of Early Infancy." It gave consideration to such significant matters as cyanosis, convulsions, hemorrhages, vomiting. The paper is sent to the Journal for early publication. The Section on Medicine met Tuesday, February 9th, and heard Dr. David F. Weeks, of the New Jersey State Epileptic Village, who spoke on the work they are doing there. The Section on Surgery and Gnyecology met Tuesday, February 23rd. Subject, "Tuberculosis of the Genito-Urinary Tract": (a) "Diagnosis and

Symptoms," by Edgar A. Ill; (b) "Pathology" by John W. Gray; (c) "Treatment," by H. B. Epstein. The specimens, gathered from various sources, exhibited to illustrate the pathology, were especially noteworthy for their number and excellence. Drs. Edward J. Ill, John F. Hagerty and J. B. Morrison took part in the discussion. The Section on Eye, Ear, Nose and Throat met Wednesday, February 24th, Dr. Jacobson presented a case of Tuberculous Iritis; Dr. Sherman three cases, Implantation of Fat in Tenon's Capsule, Retinitis Proliferans and Iritis Papulosa; Dr. Barkhorn two, Sarcoma of Antrum and Sarcoma (primary) of Tonsil. Drs. Beling, Corwin, Wherry and Sullivan took part in the discussion.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The annual meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, on Thursday, January 21st.

In the absence of the president, H. B. Diverty was elected president pro tem.

Dr. Martin E. Rulifuss, of Philadelphia, read a paper on "The Use of the Test Meal in Diagnosis of Diseases of the Stomach."

The following officers were elected: President, Henry L. Sinexon, Paulsboro; vice-president, Horace M. Fooder, Williamstown; secretary, George E. Reading, Woodbury; reporter, Howard A. Wilson; censors, James Hunter, Jr., Luther M. Halsey, Harry A. Stout; delegate to Medical Society of New Jersey, J. Harris Underwood, Woodbury.

After the society adjourned the members and visitors were entertained at a banquet.

HUDSON COUNTY

William Freile, M. D., Reporter

The Hudson County Medical Society met on the 9th inst. at the Hof Brau House, as usual. Proposals for membership showed the names of Drs. McGivern, Joseph Nevin, Roberts, Carty, Niemeyer.

Elected to membership were Drs. MacMillan, Justin, Opdyke, Helfer, Fletcher, Mendelsohn and Hommel.

Dr. G. E. McLaughlin, chairman dinner committee, reported 140 persons present, of whom twelve were guests. After reciting the details, a balance of \$2.40 was shown.

Dr. Henry Spence spoke on the Public Health Bill, and was supplemented by Dr. F. D. Gray, who outlined the purpose of the Efficiency and Economy Commission of the State, and detailed what he thought should compose an efficient

Board of Health.
Dr. G. K. Dickinson said that for many years this change had been hoped for, and that it now seemed imminent, and he trusted many would go down and show themselves interested in the bill.

A communication was read from the Practitioners' Club Inviting the members of Hudson County Society to hear Dr. J. B. Deaver, of Philadelphia, on Feb. 9th, on "Recurrence of Gall Stones after Operation."

The resignations of Dr. Jos. W. Ware, Bayonne, F. K. McMurrough, of Jersey City, were accepted.

Dr. Henry Spence and Dr. F. D. Gray refer-

red to the provisions of the Opium Act, to take effect March 1st, and Deputy-Collector of Internal Revenue, Chas. W. Levering, took up the act and went into it extensively, explaining its scope, intentions, provisions, etc. He stated this act affects every physician, dentist, druggist, veterinarian, and also private hospitals, and emphasized the necessity for registering at the nearest Internal Revenue office, before March 1st, and that thereafter must account for all opium or its derivatives, cocain, heroin, etc., the object of the law being to prohibit the promiscuous sale of said drugs, and to prevent the smuggling thereof. Mr. Levering answered several questions relating to the law, and advised each member to obtain a copy of the act.

Under a motion, the by-laws were suspended and Dr. Frank D. Edsall, Dr. S. M. Meyer, and Dr. Klauss, were elected to membership.

Dr. H. H. Brinckerhoff, the treasurer, showed that out of 215 members 165 had paid their dues, and he called attention to the fact that on the following day the per capita tax must be paid, and that with the 42 members initiated since October the total would stand at 262, and that this was the highest notch reached by the society during his twenty-two years as treasurer.

Dr. G. H. Sexsmith, Bayonne, then presented three cases.

1. Stout woman, double anchylosis knees, eight years incapacitated, moved with help rope—called rheumatism—ether three times—osteopaths many—no result. September, 1913, orthoplasty on one knee, and other in following January. Now able to work and get in and out of auto, notwithstanding marked obesity, much to her disadvantage. The flap operation was said to be followed by pain, but if a person of this weight could give an exhibition such as she gave it was reasonable proof of its practicality. The left knee was done by old flap operation, and, as usual, there was some sloughing. None in the other knee. The patellae were both turned turtle, as advised by Murphy.

2. Next case woman where both arms were anchylosed entirely straight. She could eat her meals, but in order to eat had to bow her head to the table. This was a tubercular condition. On operation pus was found in one of the joints, but, notwithstanding, a flap was taken and placed between the bones and it lived, as shown by the ability of the patient to comb her hair, etc. This seems to show that the pure T. B. can be dealt with, but that it is a mixed infection which produces trouble.

Case 3. Potts. While calling on a patient the characteristic movements of this man attracted the doctor's attention. He had for two years worn a well applied plaster Paris jacket. This was removed but had promptly to be reapplied. He was shortly afterwards operated on, taking the usual graft from the shin, and including the last three lumbar and sacral vertebrae in the transplant. It is well to recollect that the sacral spinous processes are small and difficult to split, and there is danger in the manipulation. In this case the narrator denuded the bone, and made a fixation of the graft thereto, thereby avoiding the dangers of chisel splitting, and damage to the cord in this situation. The patient was in the hospital three months, having set up a pyelitis in first two weeks. His final result was for the audience to judge. The patient who formerly weighed 143 was now 162.

Dr. F. D. Gray asked for the floor, and introduced Dr. Pinneo of Essex, a member of the State Committee on Public Education, who said that no doubt the members were familiar with the progress of the A. M. A. for public health education. We find progress to be its corner stone, and that we have to show the public, in this enlightened age, that we are not living in the condition of former generations, where mysticism was rampant, when no questions were asked, but we had come to the scientific attitude of mind in the public welfare and well-being, and can and must talk to them understandingly. He commended the work done along the lines of health and prevention of disease, and insisted that all this should come through the medical profession, and by scientific demonstrations. He thought the society would be interested to see how readily the public took hold of these things, when we can show them that prevention is the result of instruction, and that the A. M. A. is the great distributor of ideas, at the same time permitting every society to work out its own things and ideas, in county society work, in medical and political matters. He referred to the good results following public lectures on interesting topics, and referred to the excellent work done by women's societies, and showed where they had Dr. Cabot of Boston give a talk even at considerable expense.

Dr. Chas. J. Larkey, Bayonne, then presented his paper on "Nitrous Oxid and Oxygen Anaesthesia," which held the audience and evoked interesting discussion. He exhibited the Coburn apparatus and answered questions.

Dr. Stanley R. Woodruff, Bayonne, followed with a paper on "Genito-Urinary Diagnosis" illustrated by forty lantern slides.

These two papers will be published at our earliest opportunity.

MIDDLESEX COUNTY

Anthony Gruessner, M. D., Reporter

The Middlesex County Medical Society held its monthly meeting at St. Peter's Hospital Nurses' Home, New Brunswick, on February 17, 1915. The meeting was called to order by Vice-President Dr. F. M. Donohue who presided until the arrival of Dr. M. S. Meinzer, the president of the society.

A very instructive paper was read by Dr. L. Y. Lippincott, of Metuchen, on the treatment of pneumonia, more especially in the aged. He emphasized the importance of hot nourishing drinks to replace drugs and stimulants. Dr. C. A. Hofer, also of Metuchen, followed him. He gave a scientific discussion, showing by diagrams on the black board the action upon the heart of different stimulating drugs as observed by sphygmomanometer and the great relief often obtained by local applications to the chest of patients. Drs. Runyon, Donohue, Sophian and Saulsberry also participated in the discussion contributing valuable information on the subject.

Dr. Sophian spoke of the different forms of pneumonia some being mild and others virulent the latter causing more intense toxemia. Dr. Donohue compared pneumonia to erysipelas, both disease running similar courses,

Serum Therapy was also spoken of having given but little encouraging results, but the Leucocyte Extract was highly recommended by Dr. Sophian.

The next subject was "The Technic of Lumbar Puncture," a thoroughly scientific essay by Dr. Sophian, director of Squibbs research laboratory. The paper will probably be reproduced in an early issue of the Journal. Its substance would be a valuable addition to medical literature.

The members present were—Drs. M. S. Menizer, A. L. Snith, L. Y. Lippincott, F. M. Hoffman, L. P. Runyon, H. Gross, F. M. Donohue, C. A. Hofer, C. I. Silk, Benj. Gutinan, F. E. Riva, N. M. Forney, F. C. Henry, H. C. Voorhees, C. C. Saulsberry, A. Gruessner, J. P. Schureman, F. S. Brown, F. W. Scott, A. L. Woods, A. Sophian, C. F. Merrill, T. H. Platt and G. T. Longbottom.

PASSAIC COUNTY.

Chas. R. Mitchell, M. D., Secretary.

The Passaic County Medical Society held its regular monthly meeting in the Braun Building, Paterson, on Tuesday, February 9th, 1915. There were present forty-one of the regular members, and Dr. Harold Walker of Wyckoff and Dr. Green of Paterson.

The early part of the evening was devoted to "Civic Welfare" and the press of Paterson was invited to send representatives. It seems impossible to do better than to attach the account as it was given by the Paterson Morning Call, which is as follows:

Better Control of Milk Supply.

"Questions of civic importance, especially with reference to the proper supervision of milk by the board of health, were discussed at length by the members of the soclety. It was strongly the sentiment of the meeting that the proper supervision of milk cannot be too great and it was the opinion of the representative physicians who met last evening that the board of health should delve even deeper than ever before, to the end of securing and insuring for the city of Paterson a clean, pure milk supply. The society also went on record as heartily approving the plans of the playground commission and endorsing their request that a part of Sandy hill and Pennington park be turned over for us as properly supervised playgrounds.

Dr. John C. McCoy, president of the society, in opening the meeting said: "A certain portion of the physiclans' time and efforts are directed to preventative medicine and measures directed to the mental and physicial well being of mankind. Much of his labor ls llkewise devoted to the line of bettering living and sanitary conditions. The laymen are entitled to look to us for advice in all municipal and State problems pertaining to the public health, not only as Individuals but as an organization. In looking over our city health law it has seemed to me that many items pertaining to our board of health, while fully covered by ordinances, do not afford the citlzen the protection which he is entitled to. There is no one item that should be of greater importance and Interest to the community at large than a proper and wholesome milk supply. The health authorities should deem it their solenin duty to see to it that not only

the venders of milk are frequently checked, but in every instance the source of supply should be regularly and systematically inspected, and the records of such Inspections properly filed with the board of health. Our health board records should be so complete and examinations of sources of milk supply so frequent that a taxpayer should be able to obtain from the board of health a record of the milk delivered to him from the time it leaves the dairy until it reaches the consumer. This would tend to drive out of existence many of the unfit barns from which the city mllk supply is obtained."

"As a community we should not be satisfied with a municipal isolation hospital with buildings devoted to two or three contaglous diseases but should demand an observation pavilion in which patients in the early part of their disease may be properly observed before they are placed in a specific contagious building and subjected to contagion if they are not already infected," said Dr. McCoy, who also advocated that a pavilion should be set aside for Incurable cases of cancer and advanced stages of syphilis, which cases can-not be properly cared for in the home and do not demand acute hospital service. He also advocated the establishment of a city pathological department, where proper milk examinations may be made together with immediate reports on tuberculosis, diphtherla and other diseases, for the poor of the community.

In commenting on the need of properly supervised playgrounds Dr. McCoy said: "As our city becomes more densely populated and open acres more scarce, it behooves us to provide recreation grounds for the children. Our parks should not only be places of beauty, but also utilized for playgrounds under proper supervision and direction."

Dr. Francis H. Todd, president of the Passaic County Medical Milk Commission, reviewed briefly the work of the commission and said that it was almost impossible to get any producers of milk to so handle their products as to have it certified by the commission. "Up to this time the commission has been a failure. We have visited every dalry in this section, but none of the dairymen have been willing to accept the requirements of the commission." The speaker particulary referred to the value of certified milk as food for children and admitted that it could not be used generally on account of the higher price. He said that the milk which is being sold in Paterson as "certified" is not certified by the Passaic county commission, and this source can be stopped at once, if they see fit to do so.

City Physician Paul E. Rauschenbach was asked to tell something of the work that has to do with his department of the city. He sald he had only held office for a month and was unable to refer to anything that had been done in the past, since no reconrds had been kept. Three hundred and sixty patients were treated at the clinic in the city hall during the past month, while an average of fourteen calls per week had been made. Dr. Rauschenbach said that he attended many poor cases that could not be received at the hospitals.

Dr. Brian C. Magennis, chairman of a special committee to investigate the Isolation hospi-

tal, submitted a report which fully informed the members as to the manner in which patients were received, and the treatment. addition to this report Dr. Magennis said that in his opinion the present large staff of visiting physicians should be reduced. "I would like to bring before you for discussion the question of a large visiting staff to a contagious disease hospital. As a sanitary measure the fewer visitors to a contagious disease hospital the less liability to carry disease. More efficient service is also obtained and hence the staffs of such hospitals usually consist of two and not more than four physicians, two of the four to act as alternates. This affords more opportunities in caring for these diseases. I am sure that better results could be obtained with a small staff in continous service than a large staff with interrupted work." Dr. Magennis said that in looking over the annual report of the board of health for the past five years the average number of patients was ten per month, while at the present time the average number is twelve and a half per month.

"I think that better service could be obtained by having one or two visiting physicians, one for the treatment of tuberculosis and the other for contagious diseases. With a continous service developing these two men as experts in such diseases, and if for nothing else than for its unsanitary principle, this staff should be reorganized and a staff just large enough to do the work appointed," added Dr.

Magennis.

Dr. G. Edward Tuers, a member of the playground commission, thanked the society for the opportunity to explain and set forth the desires of the playground commission. speaker said that the playground commission had met with the obstacle of being without finances, but that this had been overcome in a measure. Dr. Tuers said the commission had applied to the park board to secure a part of Sand Hill and Pennington parks for playground purposes, but the request had been denled. He said that as a physician who reallzed the need of healthful places in which children could play, he was in favor of having the Passaic County Medical Society go on record as favoring the request. In line with this brief address a resolution was passed and will be presented to the park board at their meeting to-day.

Health Officer Thomas A. Clay reviewed the work that had been undertaken by the board of health during the past year. He sald that for the first time in five years a score of the outlying dairies, which are the source of milk supply for the city of Paterson, is being secured. Dr. Robinson, the State official, has already condemned four out of sixteen farmers scored and will not permit the milk from the condemned farmers to enter the city or be sold. Dr. Clay advocates that a fee should be charged for the inspection of barber shops, that trolley car inspection should be re-established, that plumbing inspectors be transferred to the building department and that the registrar of vital statistics be transferred to the offices of the board of health. Dr. Clay believes the medical inspectors of the school should be transferred to the board of health.

Numerous improvements at the Isolation hospital were recommended by the health officer, which would cost at least \$40,000 to car-

ry out. For work that may be accomplished in 1915 Dr. Clay stated first of all "better milk supervision." Under this heading some startling information was produced. According to the records of the board of health, he said that thirteen producers of milk have no license. Examination of eighty-nine veterinarian reports furnished the health officer show eighty-nine dealers own 1,924 cattle, of which ninety-two per cent, were milking and ninetythree per cent. passed inspection. Sixty-one per cent. were tuberculin tested during the last year, but no mention is made whether 1,150 of these cattle reacted to tuberculin test or whether they were separated from the herd.

Dr. Francis H. Todd here raised the question as to whether or not tuberculin tests positively indicate whether a cow was suffering from tuberculosis. He said that tests made for tuberculosis on babies at the General hospital showed that sixty-five per cent. had tuberculosis, but they were apparently well and left the hospital in good condition. He argued that the tuberculin test was more of a fad and that people are going crazy about it. Dr. McCoy added that in Illinois the requirments for tuberculin test of cattle had been discontinued since there was a question as to whether the test was really valuable.

Dr. Robert M. Curts argued that he was not concerned about all the "bugs" in milk, but he considered it a very serious matter when tubercular bacilli and typhoid fever bacilli were located in milk. He said that in his experience several cases had come under his observation, where the patients were suffering from tuberculosis which could be traced to the presence of bovine tubercular bacill ln milk which had been drunk. Since children are the largest consumers of mllk, Dr. Curts said that they are most susceptible to tuberculosis from bovines. "There should be some positive means under which the board of health could guarantee that the milk delivered at our back doors at 5 o'clock in the morning did not contain the bovine tubercular bacilli and the typhold fever germ. I called up the board of health about two months ago to ask whether the milk I was using was all right and they couldn't give me any information. Therefore regulations should be adopted to assure the citizens of Paterson that the cow from which milk is produced is not yielding typhoid or tubercular bacilli," said Dr. Curts.

In reply to Dr. Curts, Health Officer Clay said that It was within the province of the local board of health to enact an ordinance compelling all owners of cattle to have the animals tuberculin tested at least once yearly Dr. J. Alex Browne said that the tuberculln test had never been insisted upon, by reason of the fact that reaction did not show only in advanced cases. Dr. O. R. Hagen exploded the theory that bovine tubercular bacilli can be communicated from a cow through Its milk to a human being. He said that a large percentage of all human beings were affected with tuberculosis ln some parts of their system. Dr. Hagen said that a case had never been proven showing that tuberculosis was passed from a cow to a human being by its milk.

Mr. Magennis called the attention of the society to the fact that a bill had been introduced by Senator McGinnis of this district which would, if passed, license all graduates of incorporated schools of osteopathy, and Dr. W. B. Johnson introduced the following resolution:

"Inasmuch as the laws of this State already provide for the regulation of Osteopathic practitioners in the State of New Jersey after examination by the regular Board of Examiners, the Passaic County Medical Society as a whole and its members individually deprecate the introduction of such a bill as has been introduced by you. We hope to receive assurance that the bill will be withdrawn."

A copy of this resolution was sent to Senator

McGinnis, who replied as follows:

"I have your letter of the 10th inst. inclosing resolutions adopted by the Passaic County Medical Society. This Osteopath bill was handed to me and introduced by request. It does not necessarily bind me, in consequence to vote for the bill. I will give it careful consideration before voting upon it. Very respectfully yours, Peter McGinnis."

The Board of Censors reported favorably upon the application of Dr. T. J. E. Holmes of Paterson and he was elected to membership.

The following applications were received: Dr. Wm. Schuyler Colfax, Pompton Lakes; Dr. Daniel E. Drake, Newfoundland; Dr. Nicola Pulativio, Paterson; Dr. Lawrence E. Coen, Clifton; Dr. Harold G. Walker, of Wyckoff, for transfer from the Bergen County Society. During the past two months practically every eligible non-member of this county has been seen or communicated with and the above applications are a part of the result.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The regular bi-monthly meeting of this society was held at the usual place, the Ten Eyck House, Somerville, at 3.30 P. M., Thursday, February 11. There was a large turnout of members and the society was honored by the presence of the president of the State Society, Dr. F. D. Gray, and the State secretary, Dr. T. N. Gray. Some few important matters of business routine were taken up and discussed.

The secretary formally announced the death of our oldest member, Dr. W. H. Merrell, formerly of South Branch, but lately of Somerville, and some time was devoted to remarks on his life and character, fitting tributes were paid by Drs. Fisher and Stillwell to his memory, to which the members gave silent assent as they recalled the gentle, kindly nature, the Christian character and the conscientious practitioner who loved to meet with us in the past. He surely deserved the title—than which no higher exists on earth—of a Christian physician. Following this tribute of respect, committees on obituary and resolutions were appointed.

Resuming its stated work the paper of the afternoon was read by Dr. Henry A. Cotton, of the State Hospital at Trenton, on the subject, "The Relation of the General Practitioner to the Diagnosis and Treatment of Mental Disorders." This proved a delightful subject, and gave many a keen insight into that

usual bugbear of the general practitioner, the differentiation of mental diseases into types. The paper and the discussion also brought out several points as to modern practice in the treatment of many of these conditions, and emphasized the need in this as in everything, of early diagnosis and care. Dr. Cotton was warmly thanked for the excellent way the subject was presented. Dr. Garhart, at present residing in Plainfield, who is specializing in pathology and holds the position of Pathologist to Muhlenberg Hospital at Plainfield and Overlook Hospital at Summit, was also present as a guest and participated in the discussion.

Local Medical Societies.

The Associated Physicians of Montclair and Vicinity.

Walter B. Mount, M. D., Secretary.

On Friday afternoon, December 11th, 1914, at 4 P. M., the society held a special meeting in the Montclair Club to hear Dr. Richard C. Cabot, of Boston, Assistant Professor of Medicine at Harvard University. In addition to the members present there were twenty-one guests from the Oranges and elsewhere. Dr. Cabot spoke of "Essentials and Non-Essentials of Physical Diagnosis." He said:

In our system of physical examination we begin at the head because it is the easiest to reach. A small electrict light is a convenience in examining the throat or in examining the pupils for light reaction. The same light held against the side of the nose may disclose a perforation of the nasal septum and so reveal

unsuspected syphilis.

In the mouth the lead line should not be forgotten, for lead poisoning is commoner than the diagnosis. It occurs not only in painters, but in workers in metal, especially in workers in painted metal. The lead line is not blue, and it is not a line, but is a dotted or streaked appearance occurring only where there are real teeth. Blueness may be due to cyanosis, but the lead marks are on the teeth and not on the gums. The condition cannot always be told by the naked eye but with a small lens it can be made out. Unexplained indigestion should make one think of lead poisoning. Stippling of the red blood cells without anaemia is characteristic.

Glands of the neck fall into four classes:

1. Infectious glands due to tonsilitis, bad teeth, etc.; 2. Tuberculosis glands; 3. Syphilitic glands; 4. Glands of mailgnant disease.

Often it is impossible to differentiate between an ordinary infection and a tuberculosis gland without allowing time to elapse. Tuberculosis glands are not operated on at the present time often, for they are very little to recur. In the treatment of tuberculosis cervical adenitis, hygiene is the important thing, and tuberculin is a help.

A pulsating swelling in the supraclavicular space means a cervical rib covered by the subclavian artery; it may give pain and oedema down the arm.

In examining the heart the most important question to be determined is its size. The cardiac apex can be palpated, and is situated,

not where we feel the beat best, but at the point farthest out and down where it can be felt. The right border cannot be ascertained by percussion and it is not important to try to find it. For a heart enlarged to the right means a dilated right auricle, in which case there would be intense cyanosis, dyspnoea, and orthopnoca. Therefore don't percuss the heart, as the information so obtained can be gotten in other ways. In elderly people with emphysema it may be impossible to map out the size of the heart; then the blood pressure gives an indication of the conditions existing, high blood pressure meaning a large heart.

High blood pressure is very important in two conditions, where it is an early sign, namely, chronic kidney trouble and arteriosclerosis. The sphygmonanometer is the best instrument of precision we have and should be used in every case. The best instrument is the cheap-The Mercer is cheap, convenient, and will stand very hard usage, even can be dropped without breaking. A inercury instrument is the only reliable one. Exophthalmic goitre has a hypertrophied heart and a high blood pressure. Brain tumor and other cranial conditions result in high blood pressure. A temporary muscular or psychical high blood pressure can usually be excluded. Nervousness rarely sends the blood pressure above 160. A low blood pressure is of no value except in Addison's disease. The diastolic pressure is of no value, except in aortic regugitation, with its high systolic and low diastolic pressure; therefore in aortic regurgitation the blood pressure must be disregarded.

The majority of all healthy school children have a systolic heart murmur. This is of no account if there is no other trouble with the heart or with the child. Of the Harvard freshmen twenty-two per cent. have inurmurs of no account. By forty there are very few murmurs. After forty mumurs increase, mostly systolic. With these murmurs in people over forty there appear enlargement of the heart, irregularity, and signs of failing compensation. A diastolic or presystolic murmur is always evidence of disease. All systolic murmurs are louder when lying down, diastolic and presystolic murmurs are louder when sitting up. The instruments of precision for the heart are now unnecessary, for they have taught us much information which we have now learned to obtain with-

out them

There are three common types of arrhythmia: (1) Absolute or perpetual arrhythmiadelerium cordis, in which no two beats are alike. This is the arrhythmia of a failing heart and makes up 40 per cent. of irregularities; (2) extrasystole or premature contradiction type, which occurs every three to ten beats, or once a minute, or at other intervals; this extrasystole is preceded by short or long pericds of regularity. The premature beat is followed by a pause, and the extrasystole and the following pause together take up the same time as two regular beats. Extrasystoles are almost never serious, are usually of no importance in themselves but may go with a scrious heart disease; (3) respiratory or juvenile arrhythmia is found frequently in normal infants and is of no importance what-

In examing the lungs, incipient tuberculosis is the most important thing to look for. Ask

the patient to cough and to breathe just afterwards; then either during the cough or in the next inspiration one can get rales otherwise unheard. Better than this is to get the patient to 1st breathe in, 2nd breathe out, 3rd cough, in order to get rales. In order to cough the patient has to take a quick breath. sion of the lungs is of no value in diagnosing incipient tuberculosis, but is useful in advanced cases. Cog-wheel respiration is an important sign in incipient tuberculosis, the breathing being broken into irregular pieces, not into the regular pieces of cardiac respiration. If cog-wheel respiration is localized it is important, if general it is due to nervousness, etc. The history is more important than the physical signs in incipient tuberculosis. Dyspepsia without known cause is important, especially in young people from twenty to thirty-five years. Dyspepsia may be the only complaint. Fever without cause and loss of weight are important. The whispered voice is important, but is not often enough used. It is useful in cases of suspected pneumoniathus can one go over the whole chest without tiring the patient.

An afebrile cough often means bronchiectasis. In this condition and in abscess of the lung there is pure pus in the sputum, of yellowish green color, which on microscopial eximanation shows a pure culture of influenza bacillus. More important for prognosis than for treatment is the diagnosis of condition. It is not curable, but is not fatal. Living in a warm climate is helpful because it means that the cavities are not reinfected. It is not a disease of old people but is accentuated in old age.

Pleurisy is less frequent than the diagnosis. In order to diagnose a fibrinous pleurisy we must get friction rubs and they are not easy to get. In pleurisy with effusion tap early, fever or no fever. To avoid pain in tapping, use iodine on the chest for asepsis, inject one-quarter to one-half per cent. cocaine solution under the skin, and make a small incision. The pain of tapping comes from shoving the skin and subcutaneous tissue ahead of the trocar. Accidents on tapping occur because the fluid is taken out too fast; to prevent this compress the tube. If all the fluid is taken out the first time we rarely will need to tap again.

The abdomen is examined manually. The liver and spleen are felt, the flanks percussed for ascitis, and palpation made for hernia or for tumor. The spleen is palpated bimanually, standing on the patient's right. The left hand brings the chest wall and the spleen over, and also makes a fold of loose skin into which the right hand can slide. The right hand is kept still and not moved.

In the extremities one looks for scars and exostoses. The knee jerks and planter reflexes are tested. The knee jerks are absent only in alcoholic neuritis or tabes or infantile paralysis. They are often absent in coma. Increased knee jerks should be diagnosed only if Babinski's reaction is present. Babinski's is the opposite of the normal, curving up instead of down. In going over the arms feel the quality of the skin, for alcohol causes a smooth, satiny skin. Clubbing of the fingers denotes a long continued disease of the heart

or lungs or liver which may push up and embarass the heart.

Of the body fluids the urine is the most important and a urinarysis should be done in every case. It should be possible to examine the urine in three minutes as an average. There are a few essential things which should be done: (1) The twenty-four hour amount should be known. This is work for the patient but not for the doctor. The night and day amounts should be separated. There is an increase in the nocturnal urine in early nephritis. Normally the nocturnal secretion is one-half of the diurnal; (2) the specific gravity should be taken. This and the total twentyfour hour amount tell about the output of the kidneys. A record of the urea output is valueless unless an exact record is kept of the nitrogen intake; (3) albumin can be tested by cold nitric acid poured down the side of a tube. There are finer tests but they show amounts which appear in health and are therefore too fine; (4) sugar should be tested for by Fehling's solution; (5) the sediment need be examined by the microscope only if there is a gross, visible sediment. Casts may show in a centrifugalized specimen that would not otherwise be found, but a few casts may appear in normal urine. Many casts occur in conditions where the heart, the blood pressure, etc., should tell the tale.

The blood should be examined in every case: (1) The haemoglobin should be examined by the Talquist scale, although it is not absolutely accurate; (2) smears should be made to ascertain the presence of a leucocytosis or an anaemia and to search for malarial parasites, and so forth. The Wassermann test will soon be done free by the municipality. (Wassermann tests are now done free by the Montclair Board of Health). The routine Wassermann taken in the Massachusetts General Hospital gives positive results in twelve per cent. State or county or municipal laboratory duces the cost of the tests. A positive Wassermann means sure syphilis. A negative Wassermann is not sure proof that syphilis is not present. The fixation test for gonococcus is important but not quite so important as the Wassermann; it is important in rheumatism, and in any cases of backache or of joint trouble.

The stomach contents need be examined only if stomach symptoms are present and recovery is delayed after reasonable treatment. Not the chemical but the physical tests are the important thing. The question is can the stomach empty itself? If so, it will recover. The chemical tests are not constant and not so important.

In an examination of the feces use the guaiac test for occult blood. It is essential in doubtful cases of cancer or ulcer.

Examination of the spinal fluid is important when necessary. Tabes can be thus diagnosed when no other symptoms exist.

MORRISTOWN MEDICAL CLUB.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met at the New Jersey State Hospital at Morris Plains, as guests of Dr. E. Moore Fisher, on the evening of January 27th, 1915. A number of the members were present and among the guests were Dr. T. N. Gray, of East Orange, secretary of the Medical Society of New Jersey, and Drs. L. K. Henschel and Julia Cotton, of the hospital staff. Dr. A. A. Lewis, of Morristown, was chairman of the evening and Dr. J. Dean secretary pro tem.

The subject of the paper read by the host was "The Needs of the Insane of New Jersey." After a brief historical sketch of the care of the insane under State supervision, the doctor spoke of the overcrowding of the State hospitals that now interferred with treating acute cases of insanity properly; then of the benefits of early treatment and the necessity for psychopathic wards or institutes in New Jersey, drawing his conclusions from the benefits derived from the scientific measures adopted in such institutes elsewhere. He condemned the practice of appointing commissions whose only power was to recommend reforms to the Governor and who were without power to act. Also the manner in which insane persons were used in New Jersey before commitment to hospitals saying they were treated almost like criminals and not as unfortunate sick persons.

The use of colonies for the care of the chronic insane was thought advisable as well as the increase of facilities for employment of patients at different forms of industry as this aids in their re-education. The lack of sufficient medical attention for scientific treatment or for proper mental examinations or laboratory tests in these hospitals was referred to and these conditions condemned as not being up-to-date.

The fact that more time should be given to teaching psychiatry in medical schools was touched upon, and the establishment of clinics and after-care societies in connection with each State hospital was recommended as well as added facilities for post-graduate research and teaching in connection with these institutions.

Dr. B. D. Evans in opening the discussion mentioned numerous instances of insanity in early times and referred to several cases mentioned in the Bible. He said that the needs of the insane in New Jersey were so well recognized by the medical profession that the State Society had decided to have a symposium on this question at its next annual meeting in June. He said that the Essex County Hospital gave scientific care to its patients and that the City Hospital in Newark had a psychopathic ward doing good work.

Dr. L. K. Henschel spoke of the methods employed at the Boston Psychopathic Institute where full histories of cases were made possible by investigators who went out to where the patients come from to obtain reports on the patients and their relatives.

Dr. M. A. Curry spoke of Pavilion F, at Albany, which started as a small ward to treat those who became insane on other services in the hospital had grown to a large service and many patients were treated there and not committed to State hospital at all.

Dr. T. N. Gray said that every person prevented from becoming insane and everyone who recovered was a distinct economic saving for the State and any means to carry out measures which were properly lasting or curative would mean a gain in the State's finances.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club on Friday, January 29th, 1915, at 8.30 P. M., Dr. Jones entertaining and Dr. Campbell in the chair.

The following members were present: Drs. Campbell, English, Gorton, Hamill, Keeney, Krauss, Lamson, Lawrence, Meigh, Moister, Pollard, Smalley, Bowles, Tweddell and Jones, and the following as guests of the society: Drs. Evans, Douglass, Mial, Becker and Mills, of Morristown; Dr. O'Reilly, of Summit; Dr. Morris, of Springfield, and Dr. Sutphen, of Bernardsville.

The minutes of the previous meeting were read and approved.

The secretary read a letter from Dr. Thomas B. Adams, secretary of the Overlook Hospital Association, saying that the subject of the district nurse was under consideration by the hos" pital trustees, and that some satisfactory solution of the problem would undoubtedly be found.

The secretary read a synopsis of the new Harrison Act relating to the prescribing of drugs containing opium or cocoa derivatives.

The paper of the evening was read by Dr. Garfield Dwyer, of New York City, on "Serum and Vaccine Therapy." The paper gave a comprehensive review of the subject and was so full of technical details and matters of importance, that Dr. Lawrence requested the reader of the paper to present the society with a copy of it for preservation.

Dr. Dwyer explained the various ways by which the body fights the invading organisms, and the use of serums and vaccines as an aid to resistance of their toxins. In acute diseases such as typhoid, pneumonia or plague, vaccines have no use as the system is already overwhelmed by the negative phase produced by toxins.

There is a distinct benefit from vaccines in certain local infections such as furunculosis, chronic discharging ears, etc. Tuberculin is the accepted form of treatment of certain forms of tuberculosis, especially where it is localized.

He said that the Leupcocytic Extract of His was of value in erysipelas, meningitis and pneumonia. Results of vaccine have also been good in staphylococcus and streptococcus infections and also in some forms of chronic pneumococcus, as well as with all the micrococcus catarrhalis.

The paper was discussed by Drs. Mial, Krauss, Bowles, Tweddell, Lawrence, Evans and Lamson

ASSOCIATION OF HUDSON COUNTY TU-CULOSIS CLINICS PHYSICIANS.

B. S. Pollak, M. D., Secretary.

The regular monthly meeting of the Association of Attending Physicians of the Hudson County Tuberculosis Clinic, was held on Monday, February 8th, 1915, at 8:30 P. M. President Jaffin presiding.

In the absence of the secretary, Dr. B. S. Pollak, was appointed secretary pro tem. The minutes of the previous meeting, not having been recorded, were not read.

Upon the motion of Dr. B. S. Pollak, the following resolution was adopted, viz.:

"Whereas, Tuberculosis being directly incident to absence of sunlight and ventilation, and to the presence of crowding, and

"Whereas, Community atmosphere and poor sanitary conditions in general have been associated, in the past, with high death rates from tuberculosis, and

"Whereas, It is now believed that tuberculosis begins in childhood in practically every

case; therefore, be it "Resolved, That we, The Association of Attending Physicians of the Hudson County Tuberculosis Clinics, do express our regret that any tampering with the Tenement House Act is contemplated, and we demand, in the interest of the tenant, that no change in this sanitary law be made, except for its betterment."

The following officers were then elected:

Dr. Harold W. Brown, president; Dr. G. P. Curtis, vice-president, and Dr. Pollak, secretary and treasurer.

The papers of the evening were "The Future Work of the Visiting Nurse in Relation to Tuberculosis in the Home," by Emma L. Allen; "The Importance of Early Diagnosis in Pulmonary Tuberculosis," Dr. A. E. Jaffin; "The Duties of Clinic Physicians and Clinic Nurses," by Dr. B. S. Pollak.

All present took part in the general dis-

cussion that folowed.

Upon motion the association adjourned to meet on Monday, March 8th,1915.

The papers for the March meeting will be as follows:

"Serum and Vaccine Therapy in Tuberculosis," by Dr. M. I. Marshak.

"The Importance of Roentgenoscopy in the Diagnosis of Incipient Tuberculosis," by Dr. W. Homer Axford.

Academy of Medicine of Northern New Jersey.

The General and Sectional meetings of the Academy to be held during the month of March will be as follows

Stated meeting, Wednesday, March 17, at 8.45 P. M. This will be the annual meeting. The Anniversary Discourse will be delivered by Dr Joel D. Goldthwait, of Boston, Mass. Title, "An Anatomic and Mechanistic Conception of Disease."

The Section Meetings will be as follows: Section on Pediatrics, March 4, at 8.45 P. M.

Report of cases-Paper on "Phophylactic and Curative Treatment of Pertussis," by Dr. Alfred F. Hess, of New York.

Section on Medicine, March 9, at 8.45 P. M. Report of cases — Paper on "Prophylactic sis: "Etiology," by Dr. Theodore W. Corwin; "Pathology," Dr. Harrison S. Martland; "Early Diagnosis," Dr. C. V. R. Bumsted; "Treatment," Dr. William J. Douglas.

Section on Ear, Eye, Nose and Throat, March 22, at 8.45 P. M.

Report of cases-Paper on "Vaccine Treatment in Suppurative Otitis Media," by Dr. George M. Coates, of Philadelphia.

Section on Surgery and Gynecology, March 25, at 8.45 P. M. Report of cases-Paperto be announced later.

THE JOURNAL

Medical Society of New Jersey

MARCH, 1915.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor, New Brunswick, N. J.

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

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ANNUAL MEETING OF THE MEDICAL SO-CIETY OF NEW JERSEY.

June 22, 23, 24, 1915, at the

New Monmouth Hotel, Spring Lake, N. J.

PRIZE ESSAY SUBJECT, 1915.

The Chief End Results of Syphilis; the Modern Methods of Diagnosis and Treatment.

The Essays must be in Dr. Evans' hands before June 1, 1915.

LEGISLATIVE BILLS.

The latest word before the Journal goes to press concerning the Board of Health Bill is that the amended bill of the Economy and Efficiency Commission has passed the Senate. We understand that it will probably pass the Assembly and be signed by the Governor. It is not such a bill as we believe the vast majority of our members desired, as it fails to provide what they believe is essential for the greatest efficiency in health administration, especially in providing for a Commissioner of Health who shall be given adequate power and be held responsible for its judicious exercise. It provides for a Director of Health to be appointed by the board, who shall be subject largely to

the board's action. The members of the board are to receive no salary while the Director is to receive \$5,000 per year. If the bill passes the Assembly and is signed by the Governor, we will print it in our April Journal, probably with further editorial comment.

Senate Bill 154, defining the practice of medicine and increasing the preliminary requirement for students of medicine, is still pending. There should be no doubt about its passage, but we urge all our readers to use their utmost influence with their legislators to secure its enactment. Our Legislative Committee, Dr. H. B. Costill, chairman, is rendering faithful service and we should give our hearty support.

THE ANNUAL PROGRAM.

We have also taken the liberty—of questionable propricty—of giving one controversial matter concerning the programs of annual meetings, more space than our Publication Committee thought advisable, not only because of our strong personal desire to manifest the spirit of fairness, but also in order that that same spirit shall ever characterize the Journal in all matter appearing in its columns where our members differ sharply in the presentation of views concerning important questions affecting our Society and the public. The same desire to be fair toward all, and especially towards the annual committees on scientific work, leads us, in order that our members shall have the information that has come to us, to state that a prominent officer of our State Society has examined the records of the last seventeen years and found that during that period 332 papers were presented by Jerseymen and 55 by outsiders; that the latter number would not have been as large if the "home talent" had not declined to present papers some years in sufficient number. The officer referred to says: "One paper out of six or seven is not a very large percentage to give to outside talent, especially considering our proximity to two large cities and the necessity of making our sessions additionally interesting by the addresses of men distinguished in this and in other countries."

The making of the program for the annual meeting is no easy task; it requires much time, thought and work; good judgment is required especially in the selection of authors of papers, without favoritism and for the greatest profit of those who gather

to hear them. The members of the Committeee on Scientific Work cannot please all; they render valuable service; they deserve our thanks and our judgment on their errors should be charitable, for they, and we also, are human.

We believe there is no desire whatever on their part or on the part of any of the so-called leaders to discrimiminate against our own members, but rather to encourage them to prepare papers. The annual offer of prizes for essays is made to our members only and is intended as an incentive toward their development as essayists. Seven members competed last year; two received money prizes and one was given honorable mention.

One other thing should be said which we believe none will take issue on—that the thanks usually extended by our Society to the able men from other States who have favored us in the past were no mere formal expressions of appreciation and that our members generally will ever welcome the distinguished men who shall honor us in the future with their presence and give us the benefit of their scientific study and observations and their practical experience in professional work.

We gladly omit most of the editorial matter that was planned for this month's Journal in order to give the report of the Passaic County Society in full, the address of President Gray, on page 140, and Dr. Coit's report on the milk problem at the Fairfield Dairy, on page 139. These all contain matter of great importance to our profession and the public, to which we will refer in our next issue. At present we refer only to the satisfaction that all must feel in the fact that our confidence in cortified milk has not been misplaced or destroyed and that the Milk Commission is fully awake to the necessity of unceasing vigilance in preserving that confidence by keeping that milk supply free from all sources of contamination.

MEDICAL JURISDICTION.

A doctor who knows little of law and a lawyer who knows nothing of medicine, are deficient in essential requisites of their respective professions. Ingraft so much law on medicine as may improve the stock and infuse so much medicine into law as may purify, strengthen and improve its administration. Both the sciences shall thus grow

brighter in reflected light, and both shall conduce to the mutual support of each other to the lasting benefit of mankind.

It is exceedingly important to a physician, in his character as a witness, to bear in mind that his obligations are in proportion to his skill and character. On his single voice, not infrequently, everything valuable in life, and indeed, life itself, may depend. He must not allow the general circumstances of the case, or what is called its moral or legal bearing, to influence or affect his medical determination. He has no right to give any opinion on any other portion of the case than that which is strictly within his own scientific limits.

A defendant is accused of murder by violence. The great question is whether the death resulted from disease or from the dagger, or whether the defendant was non compos mentis, or poison is alleged to be the agent restored to, to produce death. Arsenic, antimony, mercury or laudanum is imputed to the case. The stomach, the liver, the heart, the brain, the entire tissues are to be examined. How is this to be done? No bungler can do it. A bungling physician and a bungling lawyer mixed up together are more dangerous than the assassin's dagger or the poisoned bowl.—David Parl Brown.

THE TRUE PHYSICIAN.

"Be sure that the physician cannot be a mere intellectual machine. None know that better than we. Through all ages we have insisted that he shall feel himself bound by a code of moral law, to which, on the whole, he has held without question, while creeds of more serious nature were shifting and changing. What the Greek fathers of medicine asked of him we still ask of him today. He must guard the secrets wrung from you on the rack of disease. He is more often than he likes a confessor, and while the priest hears, as I have once said. the sins and foibles of to-day, he is as like as not to have to hear the story of a life. He must be what About calls him, 'Le tombeau des secrets,'-the grave of secrets. How can he be too prudent or too closemouthed? Honor you must ask of him, for you must feel free to speak. Charity you should expect of him, for the heart is open to him as it is to no other, and knowledge, is the food which nourishes charity in the tender-hearted."—S. Weir Mitchell, Doctor and Patient.

Miscellaneous Items.

New Medical Club in Jersey City.

A medical club, to be known as the Aesculapian Club, recently has been organized among the younger practitioners of Jersey City, with twelve charter members, and the following officers have been elected: president, Dr. Chas. B. P. Kelley; Vice-president, Dr. George H. Mueller, and secretary-treasurer, Dr. David L. Russell.

New Jersey Mosquito Extermination Asso'n.

The second annual meeting of this Association was a very successful one both in attendance and in the excellence of the papers, addresses and discussions. Dr. Ralph H. Hunt of East Orange presided. The following officers

were elected for the ensuing year: President, Ralph H. Hunt, M. D., East Orange, re-elected; vice-presidents, Dr. William E. Darnall of Atlantic City and Dr. H. H. Brinkerhoff of Jersey City; secretary-treasurer, Thomas J. Headlee, Ph. D., State entomologist; executive committee, John Scott Davison of Passaic, W. C. Hope of Union, Joseph Camp of Cape May and John H. Cook of Red Bank.

The membership of the association will be enlarged, it was decided to extend the warfare against mosquitoes and to work for legislation in favor of extermination. Resolutions adopted included one expressing satisfaction with the present law providing commissions for the several counties; one favored the exemption of all employees of the commissions, except those holding permanent positions, from civil service, and another embodied the suggestion that the State director of the work of extermination fix a sum suitable for the prosecution of the work in Camden County, where the conditions are said to be peculiar.

Among the speakers at the closing session was Walter A. Evans, director of the Essex County Board of Freeholders. In part Mr.

Evans said:

"The time is rapidly approaching when ornithologists will class mosquitoes as an extinct species of 'birds,' and the members of the medical fraternity will class malaria as a disease of the past. A lack of conviction regarding the great work that is being done toward the eradication of mosquitoes is wholly accountable for the opposition shown toward the movement.

"No more effective work could be done by the members of this association than placing before the various boards of freeholders in mosquito-infested counties the wonderful possibilities of increasing ratables through the drainage of swamp lands. I know little about mosquitoes from a scientific standpoint, except that they are classified as 'culex pipiens.' Those I have met may not have been of the culex variety, but they were all pippins."

Society of American Bacteriologists.

This society held its annual meeting in Philadelphia at the Laboratory of Hygiene, University of Philadelphia, Dccember 29, 30, and 31, 1914. The following officers were elected: President, Dr. D. H. Bergey; Vice-President, Dr. John Woinzirl; Secretary-Treasurer, Dr. A.

Parker Hitchens; Council, Drs. K. F. Kellerman, W. A. Stocking, Jr., R. E. Buchanan, and H. J. Conn; Delegate to the A. A. A. S., Dr. M. J. Rosenau. The next regular meeting of the society will be held in Urbana, Ills. The chairman of the local committee is Prof. H. A. Hard-

American Association of Immunologists.

The annual meeting of this association of which Gerald B. Webb, M. D., of Colorado Springs, is president and Martin J. Synnott, M. D., of Montclair, N. J., is secretary, will be held at Washington, D. C., May 10, 1915. Further notice will be given in our next-issue of the Journal.

Belgian Professors for Harvard.—The Harvard University corporation has set aside \$100,-000 to aid Belgian professors who have been driven from their land by warfare. Two of the faculty of Louvain University will come to Cambridge at the beginning of the next college year to take charge of courses at Harvard, and they will be paid for their work from this special fund.

A friend called on Michael Angelo, who was finishing a statue. Some time afterwards he called again; the sculptor was still at his work. His friend, looking at the figure, exclaimed, "You have been idle since I saw you last." "By no means," replied the Sculptor, "I have retouched this part and polished that; I have softened this feature and brought out this muscle; I have given more expression to this lip and more energy to this limb."
"Well, well," said his friend, "but all these are trifles." "It may be so," replied Angelo,
"but recollect that trifles make perfection, and that perfection is no trifle."

DR. STROCK REPLIES TO CRITICISM OF HIS EDITORAL.

The following are the salient points in Dr. Strock's reply in the February issue of the Journal of the Caniden County Society to the criticisms which appeared in our January issue of the editorial of Dr. Strock's, "Can Any Good Come Out of Jersey?" in his Journal of December 1914:

It seems uncalled for, for either of the gentlemen to be in such haste to appear in print in defense of the reprehensible practice referred to in that article, as it was specifically intimated that it was due to the "leadership of recent years," and there was no insinuation that either of the letter-writers were classed with the leaders of the State Society; and, to still more surely absolve them of such responsibility, the writer is free to inform them that. so far as he has knowledge no one else has placed them in that category.

But, that there are members who can be classed as leaders, probably none will deny, and the ideas and predilections of such leaders has dominated the policy of the Society in the particular referred to. There can be no objection to leadership. A Society without leaders would be chaotic. The objection is to leaders who mislead.

The editorial in question was a serious at-

tempt to call attention to a condition of affairs in the conduct of the Society that should be a source of humiliation to the members, and it is surprising that any one responsible for this policy can feel that there has been a "good" meeting, knowing that even one member has been disappointed by failure to have his paper presented as arranged for on the programme; and can any member (and it is usually a member who is served thus) be convinced that it is a good meeting, as he stands awaiting an opportunity to begin his paper, and witnesses the procession file out behind the last essayist, whose withdrawing powers thus proclaim him to be of the imported variety? and, after the member has completed the reading of his paper to a comparatively small audience is he finally convinced it is a good meeting, because he witnesses the return of the procession headed by another variety of imported talent?

The writer has witnessed such episodes as mentioned, and he has also observed the deep disappointment of members whose paper were not presented to the Society because of the absolute lack of courtesy and consideration displayed by those who had become guests of the Society who would discuss and rediscuss the subject of their paper, absolutely indifferent—so far as one could judge by observation—of the rights of others on the programme.

The letter-writers do not realize that the custom that is denounced is not new, and that they are not responsible, even if it be conceded that they are the leaders referred to, for they did not originate it. The practice was consistently carried out years before either of the gentlemen were considered for the positions they now, or have, occupied. Such being the case, they had the opportunity of revealing some originality and independence of ideas, but they have failed to do it, but evidently continued to believe—as do the leaders previously referred to-that the Medical Society of New Jersey, with its long list of bright and well-informed members, can only have a "good" meeting by bringing in a large percentage of individuals who have not a true interest in the Society's welfare; and whose presence has frequently resulted in disappointment and bitterness.

The practice was denounced by the writer following the meeting of June, 1907—and particularly referring to that meeting—in the issue of this little journal for February, 1908; and again, in the issue of December, 1909, was an editorial bearing upon the same subject, entitled, "On the Importation of Talent."

Specifically replying to the first letter, it appears that the writer's perspective does not contemplate a vista very much greater than his own participation as chairman of the Scientificate Committee, except to refer unkindly to a ceremony, at a previous session of the Society, that is at times enacted by distinguished gatherings in all parts of the world, even heretofore in the Medical Society of New Jersey; and, by the way, the last previous time when a president was the recipient of such honor, the second letter-writer herein concerned was a participant. As a matter of history, it may be stated that the ceremony thus unkindly re-

ferred to was suggested by an ex-president of the State Society, now dead, who desired to be present, but was prevented by illness. It is doubtful if criticism of this character can be considered responsive or crushing in its force.

In the fourth paragraph of the letter it is plainly evident the writer does not comprehend the scope of the article he so valiantly criticises, as he persists in referring to the single meeting the programme for which he believes was responsible for. He does not realize that the scope of the editorial was general in character, that no particular session was referred to, and he also fails to realize that, as the result of one session as heretofore conducted, it would practically be impossible for the members to be "learning to think in terms of foreign talent." It is the continued repetition of the same thing that makes the impression.

Now, it is proper to state that papers have been read by title, authors have been told they would be given first place at the next session, all because of the time-consuming tactics of those who had forgotten they were guests and should have consideration for the host.

If the present rule of the Scientific Committee is to exclude a member from presenting a paper more than once in two years, then that is an improvement upon the time limit referred to in the criticised editorial, for, as originally adopted, it was a five years' period, as some of the former members of the committee will recollect, no doubt. Be it five or two years, it is a mistake to arbitrarily exclude a member who may have original work to report, simply because he may not have passed the period of his enforced probation.

The second letter-writer is certain that "ordinary courtesy forbids the everyday characterization of such a gross and carcless, if not deliberate, misrepresentation of the facts," and in saying this, he refers in general to the statements contained in the objectionable editorial and is impatient with "such a gross and carcless, if not deliberate misrepresentation of the facts" by expressing the conviction that "to call two foreign speakers out of a total of eight or ten, a 'large percentage' merely brands the editor as lacking the sense of truthfulness that his fellows have the right to expect from him, especially when they pay the "bills for the printing of his screeds."

Evidently truthfulness is this letter-writer's "strong holt," but his carefulness of statements is somewhat open to doubt, as no referance was made to "two foreign speakers out of a total of eight." The matter of paying the "bills for the printing of his screeds" is best disposed of by referring to the following letter of the treasurer of the Camden County Medical Society, because it is assumed the letter-writer, in referring to "a recent county journal," was writing of the Journal of the Camden County Medical Society:

Dear Dr. Strock:—I find that the receipts from the Journal of the Camden County Medical Society, during 1914, were \$102.75, and the expenditures for printing the same were, \$77.40.—William W. Kain, Treasurer.

That would appear to be a refutation of a gratuitous and uncalled for reflection upon an

effort and work that has elicited commendation from various sections of the country. If that could be deemed an index of the measure of appreciation of the members for the little journal then its career would end very suddenly; but, as indicating that probably not one other member of the County Society would be guilty of such an act of disloyalty to one of the recognized agencies for good in the local profession, it is only necessary to say that, at the October regular meeting of the Camden County Medical Society, the founder and editor of the little journal received a vote of appreciation, and an ovation that was unprecedented in the history of the Society. The above statement of the treasurer is an index of the business transacted through the medium of the little journal ever since it was started in 1907, as his yearly statements to the Society will show.

Excess in every conduct in life is deplored by everybody, except those addicted to it, and probably Letter-Writer No. 2 wants to indicate that he is particularly blase and uncompromising in his sympathy with the evil referred to in the objectionable editorial, for he scathingly points to the inconsistency he finds in the sentence that "there cannot possibly be any objection to any Medical Society ocasionally inviting a distinguished physician or surgeon or one eminent in other walks of life, to address a meeting." This argument for a proper use of a privilege cannot be otherwise than inconsistent, in his opinion, when compared with the same editorial's denunciation of

the abuse of the privilege. The remarkable feature about this episode is not that those in sympathy with the practice referred to should defend it, that is to be expected, and is proper, but that in doing so it should be deemed necessary to so frequently speak of untruthfulness and to resort to in uendoes for which there is no bases of facts. If Letter-Writers Nos. 1 and 2 believe that to be dignified or convincing argument, they have the privilege of so believing, and a repetition of it can do the present writer no harm; but the communications received by the editor of this little journal, written and oral, would indicate that the letter-writers must write some more to convince others than themselves.

But, really, the present writer is sensible of no resentment; rather, is gratified that the letter-writers have been instrumental in opening the columns of the State Society Journal to the subject under discussion, as it will present it to the attention of the members in a way they have not heretofore considered, perhaps, and thus a permanent curtailment of the practice may result.

The present writer has, for years, been "as one crying in the wilderness," in antagonism to the abuses of the practice, as the files of this little journal will attest; but its limited circulation does not permit a large number of the members of the State Society to have knowledge of the articles, and it has not often occurred that they were reprinted in the State Society Journal. But, of course, it is expected that this reply to the letter-writers will be published in the same columns that the letters appeared, and that will still further give the members thought on the subject.

DANIEL STROCK.

Report to the Essex County Medical Society on the Recent Problem Met by the Medical Milk Commission of Essex County Relative to Bovine Tuberculosis.

By Henry L. Coit, M. D., Newark.

Following the statements by the Medical Milk Commission of Essex County issued in November, 1914, and the temporary withdrawal of the certificate from the product known as Certified Milk, the commission adopted several new rules with reference to the future veterinary supervision of the herd. These included the quaratine and careful segregation of all new cows notwithstanding the test at the time of purchase and a retest within three months before they are used for the production of Certified Milk.

Soon after the general retest of the Fairfield Dairy herd was complete in October, the commission determined that as soon as it was expedient a third and crucial test should be applied. The commission thereupon appointed a board of veterinary experts consisting of Prof. V. A. Moore, dean and director of New York State Veterinary College, Cornell University; Prof. Louis A. Klein, Dean Veterinary Department, University of Pennsylvania; Prof. David S. White, Dean Veterinary Department, Ohio State University.

This board was employed by the commission to direct and conduct this third test and to determine the true status of tuberculin as a means of excluding infected cattle from Certified Milk herds, and to advise the commission on its future course with reference to the control of bovine tuberculosis.

Letters were received which show that these gentlemen did not wish to give the time required for the work nor to leave their universities, but recognizing the importance of the situation met by the original Medical Milk Commission and through the urging of leaders in the pure milk movement throughout the United States, they consented to serve in order to rehabilitate this system of medical control of milk production and to restore public confidence in Certified Milk. Not a small factor in their decision was the fact that the problem here involved the integrity of the system followed by many other commissions elsewhere.

This work was begun on January 23rd, and completed on February 7th, the detailed report on which is submitted herewith. The report on the investigation and retest filed with the commission by the experts announces the fact that after an exacting examination of every animal on the plant and the employment of a double dose of tuberclin, the herd tested in October revealed a very small percentage reactors (in the certified herd 3.9%, in those remaining from the October test 7.2%; that the herd is now entirely free from reactors and in the judgment of the board is practically free from tuberculosis.

At its meeting held February 11th, the commission with unanimous consent restored the certificate to that portion of the milk product of this dairy which falls under its supervision, its contract and its new requirements.

The commission wishes to acknowledge its indebtedness to the government service at Washington for valuable assistance and for supplying the United States Government Tuberculin with which to make this test.

It is still the desire of the commission to extend the production and the use of the highest grade of milk and while it is not the function of this body to impress dairymen into this work, the commission respectfully offers its gratuitous service to any who will comply with its requirements.

Note—Copies of the detailed report of the Advisory Board of Veterinary Experts may be had on request from Dr. Floy McEwen, secretary, 299 Belleville avenue, Newark, N. J. Newark, N. J., Feb. 17th, 1915.

ADDRESS OF PRESIDENT F. D. GRAY, OF OUR STATE SOCIETY.

Delivered before the Hudson County Medical Society, October 5, 1914.

"Mr. President and Fellow Members: I have not any formal paper to present to you tonight, but just want to have a plain heartto-heart talk with you, much the same discourse that I have been giving at many of the county societies throughout the State, and that I mean to deliver at all of the county societies before next June.

"Perhaps some of you have been present when I accepted the position, which I have to thank you for, as president of the State society, and will recall I pledged myself to get in touch with all the county societies of the State at least once a year. Even with this as a mixed motive, I can get better acquainted than I could at the annual meeting. In being presiding officer my interest by such visitations will be diffused throughout the various organizations. I have so far visited four-Cumberland, Morris, Passaic and Sussex, and next week I go to Middlesex, and from the beginning thus far made, you will observe I am in a fair way to fulfil my promise. I believe that in spite of the humbleness of the instrument, the result on the various county and State societies is going to be something tangible.

"I believe that the president of the State society by visiting the various society meetings can become cognizant of their qualities and needs, and thereby add to the interest and professional organization. Next to being proud of my membership in the Hudson County Medical Society, I think I am quite human enough to be proud of the honor you conferred, and that the honor came to Hudson rather than any other county. I want you to realize that Hudson County stands very prominent in the medical community-in fact, is recognized as a leader. Only today, at the Sussex County meeting, which we had at Dover, our society received a distinct compliment from the editor of our State journal, who, in speaking of the necessity for good scientific work, stated Hudson County selected as an example of good papers, active and interesting discussions, and a society of live wires. I felt proud of my home society to hear such an expression from the editor of our Journal.

"Now, in regard to 'Medical Organization." I think we all realize that whatever field of interest in life is going to succeed, must depend on some organization, whether the field be religious, fraternal, commercial or professional. Organization is sometimes decried, but only on the ground that organization is controlled by selfish leaders, or so-called bosses. In our county or State organizations I believe there are no selfish leaders. The officers have no ulterior interest, and consequently there is no objection along that line to medical organization. Some question naturally arises as to what orgaization does for us, and vice versa, what we do for medical organization, and, perhaps, to carry it further along the line, what medical organizations may be able to do for us that they are not doing, and what we may do for medical organizations that we are not now doing.

"As the organizations are divided county, State and national, so there may be a like division into three headings of the work: first, scientific: second, social; third, nomic.

"I do not think it is worth while to enlarge tonight on the scientific aspect of the subject, as I have already indicated and believe with many others that Hudson County Medical Society is doing good work along that line, and the future promises even better. There is just one point I want to emphasize—we probably all realize it-but want to bring it home forcibly-and that is that the scientific benefits those who do it, most of all. The listener never gets as much out of it as the producer. The study and careful preparation, the presentation of interesting surgical and medical cases, wonderfully helps the author of the paper, the one who presents cases, or those who engage in the discussion very much more than those who see or hear. Were this not true we might just as well stay home and read one of our medical journals. So it is important for all of you to participate in this good work, and become active in our scientific attempts. Some one has said that no one knows anything well until he can either talk or write it. I think there is a lot, of truth in that statement.

"Now, as to social aspect. Reference was made here to the time when the society assembled apparently for the purpose of telling its neighbor how little he was thought of, by his brethren. This attitude was responsible for many factional fights and discords. I do not remember those old days personally. It is interesting to know that all that has vanished from this society and all through State as far as I have seen. I think the improvement in feeling has come through the useful associationship in the profession, fostered by a better knowledge of their fellow members, acquired in their gatherings; the conviction that we really have better neighbors than we supposed, and the better we are organized the better terms we are on, and the realization is reached that there is really something good in the worst of us.

"I think we are somewhat ahead in the matter of sociability in this county, but there is still room for improvement, and it is difflcult to get a large attendance at our one social gathering of the year-the annual banquet. In the Cumberland and Sussex societies they hold social functions; they do not stick by themselves; they brought their wives, perhaps some of them brought their sweethearts. At any rate, there was a good representation by the ladies, and it added much to the enjoyment. I think this change applied to our annual banquet this

will increase the attendance and prove beneficial.

"Next thought, economic work of organization. In this connection the thought that I feel a bit shy in inflicting some of my ideas on you, proves I do not know all about it myself. It is the worst neglected of all. We do not neglect the scientific work, and to a degree, do not disregard the social feature, but I want to ask you what the county and State organizations have done for medical econom-And this, as I apprehend the subject, has two sides: first, it involves everything that appertains to the departments of the medical profession; second, it involves the duty of the medical organization to us, to the betterment of sanitary and hygienic conditions for the public. Of the two, I think the second has received greater attention (although not yet sufficient) than the first. I ask what has medical organization in this State done for the welfare of the profession? I can state just one thing, the State society supplies medical defence to help you out of a hole if some one tries to mulch you for damages on some unjust grounds, providing you are a subscriber to the Journal. I made this statement in Newark, and afterwark our worthy friend, Dr. Ill told me I had forgotten one thingthe widows and orphans' fund. I was not then sufficiently informed of the entire relations of the widows and orphans to dispute the matter, but later I looked it up and found it is an independent affair. Defense is, therefore, the only thing covered so far under this heading. What are the things left undone? First, I think the abuse of medical charity comes easily foremost. When one thinks of the number of people who are masquerading on medical charity in a center like this, in our hospitals, dispensaries, etc.-many of whom are able to pay-we must be convinced there is being detracted a perfectly legitimate income from the pockets of the profession, say probably \$100,000 annually. In this conection it has been estimated that about \$7,000,000 are annually detracted in the city of New York, meaning about \$1,000 to each practitioner, and what applies there is equally applicable to every city in the State of New Jersey. Unfortunately I have no feasible solution to offer that will solve the difficulty. Hospitals and dispensary officials should be educated; patients should be investigated as to whether or not they are able to pay a fee. This is one of the things medical organization might do to help the profession. Second, through-counter prescribing. You know that practically every drug store in the county does counter prescribing, and does it illegally. There should be some way of getting at this. They are not only doing a financial injury, but by making wrong diagnoses and prescribing, they often do an incalculable amount of injury.

"Fee splitting is a recognized evil, and should be stopped. There is not so much said about fee cutting. This is a side that medical organization should be able to reach, and discourage the lowering of our standards.

"There are prectitioners in this State—I know not whether there are any in this society—who are doing a fifty-cent office business. For their own sakes this should be eradicated. Many are doing major surgical operations for little or nothing, just to get the

operations—doing work for people who are able to pay; taking people in wards who could pay for a private room in a hospital or sanitarium. This hurts the man who does it, and hurts the next fellow and should be emphati-

cally discouraged. "So one might go along the line of many things which pertain to medical organization, and medical economics in particular. I believe we should send a bill to everyone we treat, after the services have been rendered, or shortly afterward, for a fair fee. In this way the patients would not be pauperized. The account should not be charged up to profit and loss, but kept on the books until we are satisfied they can pay only part of the bill, or marked off if they are absolutely unable to pay anything, and we all know that where such conditions pertain, our fellowship to the work renders such people welcome to our services. We must change the conception that we all expect to work for nothing. No class of people do such an amount of altruistic work as does the medical profession, not barring even the clergy. The latter do a great deal of good work, but it is all a part of their service, and they have a yearly salary. We receive no stated sum, we work for individuals and expect individual returns. clergy work along altruistic lines in the very nature of things; we do it voluntarily. I, for one, should resent having to work for nothing, when people can pay something, even though it be small, realizing that abuse of charity simply tends to pauperize. I have gotten a little tired of the sentiment of our profession, that we are willing to do anything for the public. I think the public would appreciate it more if we held ourselves in a little better esteem-even from a financial standpoint. I voiced some such sentiment today at Dover, and a member said he was glad to hear some one brave enough to give utterance to the idea, and courageous enough to promulgate his own convictions, as the cry of altruistic work, charitable deavor, etc., almost overshadowed everything. We should be charitable-I believe we all are -but we should not spoil people. At another meeting, one of the oldest practitioners in the county, a specialist who is as well equipped in this world's goods as any of us can ever hope to be, in discussing this question, said, 'I don't mind doing a little charity now and then. I don't know that it will make much difference in what I leave behind.' In answer to the first proposition, he evidently misunderstood my attitude, for we are all willing to do charity, but not where it is not necessary. Second, it does not matter at all to the man who passes over the shadow, but to those who are left behind it is a very important affair. I think it is time the profession woke up, do all that it is necessary for the needy portion of the public, but expect those who can to compensate you. I don't want to take up too much of your time, but I want to remind you of our duty to the public along sanitary and hygienic lines. In this connection the profession has done a great deal. Take tuberculosis, for example, even in this the county organization can still do more. Another way of educating the public on sanitary and hygienic lines is through the public press. Advertising? No. There

would not be anybody's name appearing in Suppose this society had a committee of five of ten selected on account of good judgment and education along these lines, and suppose they got next to the daily papers and said, 'We want one column in your paper once a week or once a month, and we want to fill it with good stuff of vital interest to the public, and have it signed by the Pub-lication Welfare Committee of Hudson County Medical Society'-this would help to educate the people, and put our society on the map, because if we exploit things of vital interest we ean command attention. just a little suggestion which I think is practical. Along the line of medical economies some one might raise the question, that if we earry out these ideas we are trades union. At any rate we are self-eentered. Trades unions do look after the material welfare of their members from a selfish standpoint, considering only their own well-being. I challenge you if any of the things suggested here tonight would be a detriment to the public. Every one would help the public, and instead of pauperizing them we would be making them independent. I do not know all about this branch of the subject, but I have an idea there will, perhaps, be a solution in the near future, through some organization by State society, which might establish and carry on a bureau of economics, managed and supervised by prudent, business-like people, and that, of course, necessarily means money -it means funds to back it with. If the profession in this city wishes to get results, it will have to go down for \$10, \$15 or \$25 a year to support such a bureau, and then, I think, there will be rewards. I do not know whether all this be feasible. I am enough enthused on the subject to talk it throughout the State.

"The American Medical Association recently been sufficiently interested in State society work to devote special space to the matter. Hence, we have the provision that only those who subscribe to the A. M. A. Journal are fellows. I want to read some points

from the Bulletin:

Good Resolutions.

1. To defend the fraternity.

To prescribe no patent medicines.

- 3. To eharge fees just to self and patient.
- 4. To regard my neighbor kindly-not jealously.
- 5. To work for the County Medical Soeietv.
- 6. To devote one hour daily to reading medicine,
- 7. To support insurance companies paying \$5 for examinations.
 - 8. To take part in the discussions.
- 9. To attend every meeting of the so-
- 10. To prepare a paper or address when requested.
 - 11. To get a new member.
 - 12. To remember you are a doctor.

"Membership in the County Society. What your annual dues secure for you:

- 1. Membership in the County Medieal Society.
- 2. Membership in the State Medical Society.
 - 3. Membership in the A. M. A.

- 4. Eligibility to fellowship in the A. M.
- 5. Opportunity and benefits of the work of all of these.
 - 6. The State Medical Journal.
- 7. Protection from unjust malpractice suits.
- 8. And from the Medical Relief Fund, if you should become needy-
- 9. And to your family in case of your
- death and if in need. 10. The promotion of social and fraternal interests.
- 11. The opportunity to work with your eonfreres for professional advancement.
- 12. Satisfaction and joy in having fraternal partnership in the greatest medical organization of the world.

"Who would ask more for the amount of dues paid? Dr. Outsider, get in, and get in

"In elosing I want to express my deep thanks for the work of the membership com-The addition of some forty odd to our membership is not a thing, in the parlance of the street, to be sneezed at. I have in mind that one of the finest demonstrations that eould be offered at the one hundred and fiftieth anniversary of the State Medical Soeiety in 1916 would be the addition to the State society of at least five hundred. have about fifteen hundred now. Dr. English says his aims are higher than mine. I told him my hopes are as god as his. I think we are going to get two or three hundred in the State society this year. We have to make This society has set the high-water mark, and it can keep it by persistent working. I expect we will get seventy-five or one hundred members this year."

Editorials from Medical Journals

I Saw it in the Journal.

From the Arkansas Medical Journal.

We do not wish to play on one string too much, but there are two matters we would They are: impress on our readers.

- 1. Patronize those who patronize the ad-
- vertising columns of the Journal. 2. In ordering from them let them know that you saw their "ad" in The Journal.

Here is the point in a nutshell: The eost of publishing The Journal has materially increased. Our revenue comes from the advertising. Advertisers will not patronize The Journal unless they see results. It is not enough that they get results-they must know unequivoeally that they get them.

To illustrate:

Suppose you order a certain article advertised in The Journal, but fail to state where you saw it advertised. Perhaps that advertiser uses half a dozen magazines or the daily newspapers. How is he to know that he is getting results from The Journal unless you tell him? The advertiser who gets results and knows he gets them will renew his contract and recommend The Journal to others. If he gets no results, or gets them without knowing the source, he will quit us.

Therefore, we urge upon our readers the

importance of adding to their orders and inquiries the line:

"I saw your advertisement in The Journal of the Arkansas Medical Society."

This applies to our State Society Journal as well. Will our members please note and act.

"Such a Thing as Knowing Too Much."
From the Providence Medical Journal.

"It ain't so much what you know, as what people think you know that counts," said the old Doctor, as he tilted his chair against the shady side of the piazza and stretched his long legs comfortably across the rail. "Now, I've been in practice over forty years and naturally I've learned some things, but when I read some af these journal articles about things I never heard of, I feel as if I knew less every day. And," he added, after a moment's thought, "I don't know but I'm glad of it. There is such a thing as knowing too much. Now there was Doctor M. He was so blamed scientific, he forget what he was sent for. I remember he was called to see an old patient of mine who had the worst kind of biliary colic, and the first thing he had to do was to get a history and write it down so he could report it to some paper. 'How old are you?' said he. 'Say, Doc,' cried the man, 'Don't mind my age! I've got a devil of a belly ache that's troubling me mostly now.' But he insisted that for a proper diagnosis he must know all about the attacks, and so, while the man grunted and swore, he kept asking and writing down how many attacks he had had, how long they lasted and what they followed. Then he began to ask if his father had such attacks and then his grandfather, till the man yelled out, 'Say, my grandfather is dead. It's me that's got the belly ache!' He never made much of a hit with that family, but he did know a lot.

"He went once about nine miles into the country," continued the Doctor, now in a reminiscent mood, "to see a man with the diarrhoea, and what do you think he gave him? A prescription, and the nearest drug store nine miles away, and it was raining, too! It takes more than book learning to be a success as a doctor. He needs a lot of common horsesense, and in all this chatter about higher education and a new curriculum—which is one way of freezing out competition in the medical college trust—I haven't seen mentioned any Professor of Common Sense.

"Why, I knew a man in college who knew Gray's anatomy backward, but who starved to death in Maine, and there are men nearer home who go around completely overlooking ordinary causes of disease trying to find one of those rare ones they read about, and before they make up their minds, nature effects a cure, and if they have not been fired, they get the credit of it. Like the woman Mark Twain tells about with a boil on her bottom. Every physician she consulted wanted to open it, but she dreaded an operation and so finally went to a Christian Scientist. Going up his steps she slipped on a piece of soap and sat down so hard she broke the boil herself, and ever afterward she was a Scientist.

"Just now there seems to be a craze for operations, and the average patient with a choice between an operation and a dose of

medicine seems to prefer the former. Down at the Hill the other day a lot of women were discussing appendicitis, and their idea of it was confined to the price of operation and the length of the scar, and the one with the longest scar got the most for her money. I think it averaged about fifty dollars an inch.

"There was a time," he continued, "When the family physician was of some importance and his opinions respected. His patients, if taken ill, sent for him and waited till he was able to come. His advice was followed and he had no thought of competition. Now the obligation is all on the other side; the doctor promises, for instance, to take care of a confinement and sacrifies two months of possible vacation waiting for his case, and then at the critical moment, because he will be delayed a half-hour, another physician is called, with no thought of obligation to the first.

"In the same way, although you have attended a family for years and waited quite as long for remuneration, when Johnny gets the colic and suffers all day, when night comes you are sent for, and because you can't find your collar, when you arrive at the bedside you find another doctor. They couldn't wait, Johnny was suffering so terribly.

"If the doctors would quit squabbling amongst themselves and get together, 'they might better their lot and ease their labors, but, as Sherman said, 'War is Hell.' He died before expressing his opinion of the practice of medicine, but I tell you"—"Doctor, come to supper," cried his good wife, and he went.

The Doctor's Home as a Place of Relaxation. From The Cincinnati Medical News.

An alluring picture in a furniture dealer's advertisement in a medical journal, showing a wide porch luxuriously appointed, is enough to make the physician curse the day he was persuaded to enter medical practice. "A doctor's home," so states the dealer, "should be a place of relaxation—a cozy, comfortable retreat from the worries and cares of professional life." What the home is and what it should be, are two things as far apart as 18 the real and the ideal. Save those fortunate individuals who practice rhinology or ophthalmology, no man can truly say when he enters his home how long he may tarry there. In the case of the busy general practitioner his abode is not his home; his home is his conveyance and the residences of his patients.

This mode of existence naturally reflects itself in all the physician undertakes. Having no command of his own time, his activities lack a certain system, which the business man covets as one of the essentials of success. The physician has been justly accused of employing haphazard methods in the keeping of his accounts. He has been charged with laxness in keeping appointments. But considering the nature of his calling, is it a source, of surprise that such is the case? The impossibility of being sure of anything, from a little time to devote to getting acquainted with his family to the few miserable dollars he has thrice earned, make of the doctor a being often pessimistic to a degree not known to any other profession or calling; and were it not for the sacrifices he makes daily and hourly his character would suffer irreparably. But that constant response to the calls for his help ennobles the entire man. His defects become really advantages in this hard school we term life. That many impose on a physician's good nature is, under the circumstances, not surprising.

Twilight Sleep.

From American Medicinc, January, 1915.

"Twilight sleep" has now been tried on many hundred cases and we ought to be able to sum up its advantages and disadvantages. Nevertheless, equally able experts have expressed such irreconcilable conclusions from their own experiences, that the vast majority of the profession seem to be withholding judgment. Scopolamine is undoubtedly an uncertain and dangerous drug and some people have an exaggerated susceptibility to doses having little or no effect on others. treatment therefore cannot be standardized. Each case is a law to itself, requiring the doctor to be present or within instant reach durthe whole course of the labor. This largely prohibits the method in the home, for no physician would dare to neglect other patients who have depended on him and who would be seirously depressed if turned over at the last moment to an assistant or an utter stranger. No woman could rely on the doctor she engaged unless she had arranged to go to the hospital, and but a small percentage can afford that. There have been accidents charged to improper methods and dosages, but we have reason to believe that serious results have followed a strict compliance with the published technic. Berlin is said to hate Freiburg and for that reason condemns "Twilight sleep," but this imputes a lack of honor to Prussian physicians that we are very loath to believe. To be sure, we do know that a few German doctors of high standing have, for a consideration, given testimonials to certain proprietary articles but have stipulated that the letters must not be used in Germany. It is well known that Kronig and Gauss were greatly opposed to the publication in the lay press of the article which first directed popular attention to their work, but we now hear them likened to the lady who "saying she ne'er would consent, consented." As a fact there was no objection to this publication, as it was news, and Nearly all of us get our first big news too. knowledge of important medical discoveries from the lay press, because no doctor can possibly keep in touch with every medical field. The only result will be a quicker determination of the exact field of usefulness of this new form of anesthesia, or semi-anesthesia as perhaps, it may be more properly described.

The objections to "Twilight sleep" seem to be creating an opinion that it does not possess sufficient advantages over the accepted way of administering chloroform, to warrant the risk of nervous damage to the mother, asphyxiation of the child, prolongation of labor and severe hemorrhage. The main objection seems to be the impossibility of stopping the action of the drug should it act badly. Chloroform is administered in such small amounts that its action is evanescent. We do not yet know why the uterine contractions should be accompanied by pain. Not a few capable men are convinced that labor pains scrve a physiological end. Some of our best obstetricians refuse to ease up the suffcring unless it is evidently pathological. Hysterical and nervous women give an exaggerated idea of their agony, while normal women quite generally say that their suffering was nothing to what they had been led to expect. Except in the discased, the pains have no discoverable bad result. When they cease, the woman seems to be in a perfectly normal state. If we could be sure they serve no purpose, we could try to stop them in every case but unfortunately we have no drug which will do this without incidentally weakening the muscular contractions and prolong labor,-sometimes fatally, not to mention the hemorrhages from a relaxed utcrus. The profession has been so shocked by the quackery of a few European health resorts that it accepts new things from abroad with considerable reservation. We must investigate for ourselves. The slowness to take up "Twilight sleep" gave rise to denunciation of our proverbial opposition to the new, but in this case at least it was our only course. The excellent articles published in this issue show that we have not yet sufficient evidence for anything like unanimity of opinion, and we must leave the question open awhile longer. The only thing settled seems to be that it is more Normal useful in first labors in hospitals. multiparae whose previous labors have been short will probably go on having babies the way they have done for a milion years or so. -a way which has survived as the fittest in spite of its suffering, which strange to say some of them forget afterwards almost as completely as after scopolamine. In the meantime it is desirable that competent men continue to study this method critically, in order to determine its real value in the management of labor, its proper technic, the drugs to use, its contraindications, and finally the best means of controlling or counteracting any untoward effect that may arise in the course of its administration; in other words, to establish its limitations no less definitely than its indications and effects.

False Warning of Opticians.

From the October Jour. Maine Med. Ass'n.

A well-known optical firm is selling to optic ians a card which advises the public to avoid the use of "Drops" in eye examinations on the ground that they are poisonous and dangerous. The card is put into an envelope with a red inscription on the outside which says, "Poison. Peware! Don't allow anybody to put drops into your eyes. They are danger-ous and poisonous." "Aside from the intent to keep people from consulting reputable physicians, this move on the part of the opticians will work to the harm of the people," says the Journal of the Indiana State Medical Association. Such a warning may be taken, by people, that even diseased eyes should not be treated with drops, and if various eye diseases are so neglected much harm will ensue.

Morcover, it is an undeniable fact that the refraction of the eyes in the young cannot be measured properly without the suspension of the accommodation, so that lenses fitted without such use of drops is largely guess work. These same opticians advertise that they practice Retinoscopy, yet it is well known that retinoscopy cannot be performed without the use of the very "Drops" which the opticians assert to be poisonous.

opticians assert to be poisonous.

The prescribing of lenses for the young, especially, should be in the hands of skilled

physicians.

Finally, it is certain, that opticians with their very scant and easily obtained knowledge, are not helping their own cause by discrediting the works and practice of skilled oculists who study the eye in health and in diseases and from whose knowledge these very opticians have stolen whatever they may know of eyesight testing.

Teaching Sex-Hygiene.

From the Lancet-Clinic, Cincinnati.

While the teaching of sex hyglene to the adolescent is being discussed academically by physicians, educators and the clergy the question seems to be settling itself by way of the drama and the movies. "Damaged Goods" set forth cloquently the dire results of a pure, healthy girl uniting herself in marriage to a syphilitic; and that lesson has probably permeated the whole of the educated community from the age of fifteen years up.

Now comes the movies with a silent but equally eloquent exposition of the reproduction of the human race. The results of seduction, both on girls and men, is frequently set forth, and, according to the story of the film, the wages of sin are always the encumber-

ing baby and not infrequently death.

Recently there was shown in Cincinnati the life history of two couples. Beginning as school children, they grew up to the age of lovers when rupturous embracings and osculations romanticized the picture. Then came the double wedding with its rice and old shoes. Then was flashed upon the screen the legend "then the babies came"—and sure enough in the next picture there was the baby, with the young mother in bed, and the doctor, and the nurse—and not a stork to be seen, anywhere, and 40 per cent of the audience children under fourteen years of age. Lo, vanishes another childish superstition! No human being—unless, possibly, it be Maud Adams—can call the stork back again!

Now, the moving pictures are such a recent addendum to our civilization that it is impossible to forecast what influence they will have upon the rising generation. Upon prostitution and white slavery the influence will probably be nil-those conditions are influeened by causes other than sentimental and educational. But upon the mortality of the young men and young women, upon the conduct of the married people of the next generation, it is quite possible that the impressions made upon the boys and girls of to-day by the exposition of life that they see nightly will have a powerful and lasting effect. Will seduction increase or decrease? Will marital infidelity become more frequent or tend to disappear? Will girls be made stronger mentally, or will increasing sentimentality make them willing victims? Will men become more merciful, or will they all have learned and put to use the art of overcoming woman's resistance?

Is, perhaps, the part of the adventuress, selling her body to the end that she may manage men, such a fascinating one that an ever increasing number of girls can be induced to undertake it? And what of the illegitimate children? Will the picture that the youngsters see on the screens representing these little unfortunates as just such babies as their own baby brothers and sisters, incline their minds more to mercy, or will the severity with which they are treated at present be redoubled?

Let the academic discussion go on. As for ourselves we confess an inability to answer these questions until we see the next generation and discover how it behaves itself But

Hold thou the good; define it well: For fear divine Philosophy Should push beyond her mark, and be Procuress to the Lords of Hell.

The Great War.

Interstate Medical Journal, St. Louis.

The one thing that stands out clearly as a result of the great upheaval which is now going on in Europe to prove the falsity of the brotherhood of men, is the indisputable fact that so far as we are concerned, medically speaking, the advantages are all on our side. We say this because though there may be a number of disputes among our doctors as to which side will win and some friendships will be broken on account of heated argument, the really delightful chapter to record is that at least for a year or so we shall be spared the boredom of listening to some doctor, recently returned from Europe, whose smatterings of foreign knowledge and foreign languages have always been of that exalted type which adds to the gaiety of life in our Amercan cities. The hundreds of medical men, who go abroad every years to get a veneer that passes muster in villages but is of small account in our larger cities, will have to content themselves with reading English, a language that is rich in treasurers, so rich that many years are necessary to find even a small part of them. They will also be compelled to visit American clinics at post-graduate schools if they desire further knowledge and experience; and though they will come away with no idea of der, die, das and whether Herr Professor von X is a believer in asepsis, they will at least be better Americans because they will be true to themselves in so far as they will achieve what their eitizcuship requires of them-a better understanding of their own institutions and of their own lauguage. A sojourn of six months in Germany has never benefitted any one in a medical sense, and in a social has made insufferable cads of material that, had it remained at home, would undoubtedly have improved and been of some confort and pleasure to others and perhaps an ornament to the medical profession. So let us write in large, fat letters so that even the most nearsighted can see, our intense delight at the thought that our ears for the next twelvemonth or so will will not be assailed by ungrammatical German and anecdotes about "the Professor who was no kind that he turned his whole clinic over to me twice a week."

We are hearing a deal at present about our much-to-be-wept-over condition because Ger-

man preparations are not forthcoming, and what irreparable loss the absence of these drugs is to the American medical profession. While we apprecite that men who are accustomed to writing prescriptions calling for drugs made in Germany must be in a deplorable state of mind, would it be no solace to them to know that quite a number of books have been written in English on the suject of materia medica and that we boast an excellent "Dispensatory?" Of course, to go back to the reading of these books would entail work, but would not the knowledge gained compensate the labor? We think it would; and we also feel that by doing so a few seeds of the right sort of patriotism would be planted in their breasts to prevent in the future that cry of dependence on foreign medical thought and drugs, especially of the German sort, which is now boing up in this country.

The dependence of American medicine, of American literature, of American art on Continental ideas has always put us in a ridiculous light with other English-speaking peoples and in no other country but ours can one see the transplanting of these ideas without the slightest effort to change them to fit the trend of national thought and characteristics. We graft them in the most audacious manner, and especially in medicine do we sin to such a degree that if we had any sense of humor our midriffs would be tickled not once a day but many times. Of course, an interdependence of thought throughout the world must obtain, otherwise there would be no progress, but this should never deteriorate, as it has with us in medicine, into a dependence that is almost a vassalage. It was not thus several decades ago, and now that the opportunity presents itself. is this not the moment to break the chain.

We are not writing these lines in bitterness: we are merely calling the attention of medical men to what has resulted from their purblindness. We know just as well as they do in what respect American medicine is lacking, and we know just as well as they and perhaps a little better, that a limited invasion of Continental medical ideas is at present absolutely necessary to further our knowledge. But what they do not know and will not know until they become close students of our literature, be it purely belles-lettres, or scientific or medicaland English literature is meant as well as American-is this, that more will be gained from reading books in English than in any other language; for though they may "plough" through a work in a foreign tongue with a perseverance and endurance that is highly commendable, their gain will not be nearly so great as it should be. Moreover, they will be taught again and again the admirable qualities of their own language: how to express themselves with ease, how to write it in tho simplest terms.

Editorials from the Lap Press.

The Man We Pay Last. From the Oklahoma News.

While we're warming up with the Christmas spirit this year let's remember one person that a lot of us forget most of the time. It's the family doctor.

It's honestly funny the way some folks forget their doctor the minute their tummyache's cured.

Most doctors have enough money on their books to lower the price of doctoring if they could collect it. But they can't.

We yell like the dickens when we have a pain, and yell louder still when the man who may have lost a night's sleep to rid us of it sends in his bill!

The doctor saves our lives a dozen times. We die the thirteenth, and our family pays the undertaker first.

He brings us into the world, helps us to hang on through life, and when it comes time to cash in he's right there by our bedside scrapping with all his might to beat the inevitable.

It would be a real nice surprise for most doctors to find in their Christmas mail our checks for what we honestly owe them.

Better Days in Advertising. From Collier's Weekly.

Under the editorial flag and, therefore, as its leading editorial, the Chicago "Record-Herald" prints this paragraph:

AN APOLOGY.

The "Herald" desires to apologize to those of its readers who saw in one of its Sunday editions a page advertisement of an alleged catarrh cure. The advertisement found it way into the paper without the knowledge of the editor. As soon as he saw it he killed it. The "Herald" does not want the dirty dollars that come from this kind of advertising.

This is the new spirit in American journal-

Quacks and Religion.

From Collicr's Weekly, December 19.

One reason why the denominational press has no more influence than it has is that too many religious journals have failed in ethics. On one page of the "Christian Advocate" (published in Nashville, Tenn.) we read an article scolding church members who support newspapers "advertising vice and evil" or publishing of theatrical advertisements schools, detective agencies, gambling in cotton futures, and pills guaranteed to be "safe, and speedy." Yet on one of the advertising pages of this same "Christian Advocate" we find an advertisement headed "More Vital Energy for You!"—a picce of delusion framed by some Chicago quacksalver. An issue of the New Orleans "Christian Advocate" for the same week has a wealth of these quack advertisements: all of which goes to weaken its pious advice against colleges accepting Mr. Carnegie's millions. Some one sends us a copy of the Nashville "Baptist and Reflector—Speaking the Truth in Love," and it postively recks with dope ads. Some time ago, at a dinner of editors of religious journals, everyone was shocked by the proposal that they pledge themselves not to accept advertisements below the ethical standard of the New "Times."

The Chicago "Record-Herald," in announcing that it will print no more liquor "ads." says: "The manufacture and sale of liquor is sanctioned by law and the advertising is legiti-

mate advertising. The "Record-Herald" does not deny the view that pure alcoholic liquors have their wise and proper use in individual instances, but contends that the responsibility for the advocacy of such use should rest with the family physician rather than the family newspaper, and declines henceforth to share this responsibility."

A Chemical Dose in Water. From the Newark Evening News.

Purchase by the State of the East Jerscy Water Company's plant at Little Falls would be merely a temporary expedient. The efficiency of that plant is on the decline. The total of the water available is limited. The pollution of the Passaic above Little Falls is on the increase, while sewage purification plants established there are discharging their effluent into the river.

It is true, statistics prove that the typhoid fever rate in communities served with water from Little Falls is low. This is not due alone to the filtering of the water there, but is also accounted for by the fact that the supply is "dosed" with hypochlorites. The chemical treatment is a safeguard against typhoid, but it is not pleasant to the consumers.

From an engineering standpoint, this "dosing" is approved, but it is a question whether it is considered desirable from a medical standpoint other than as a deterrent to typhoid. The filling of human systems with hypochlorites would seem to the layman to be both undesirable and dangerous to the general health.

The presence of the chemicals is frequently apparent to those who drink water from the Little Falls supply and is sometimes disagreeable. This fact has been accepted as a necessary safeguard against typhoid, and has therefore been acquiesced in without great complaint. If this condition could be avoided, however, by securing another and purer source of supply, where the use of hypochlorites would be unnecessary, and where it would not be imperative for many years, a least, to filter the water, then the change would be most welcome to the consumers.

The development of the Wanaque watershed would furnish such a supply. The acquirement of this property and the erection of the necessary works would call for a less outlay than would the purchase of the East Jersey's plant. A longer time would call for a less outlay than would the purchase of the East Jersey's plant. A longer time would be required to secure the delivery of this water by the State than would be the case if the State should take over the Little Falls plant. Still the communities already securing their supply from Little Falls could continue to purchase their water from the corporation without difficulty until the Wanaque supply was available.

The State Water Supply Commission should consider all of these facts before making its final recommendation. It would seem to be a serious mistake, an ultimate waste of much money for the acquirement of a plant that must become obsolete in the comparatively near future, if the commission should carry out its proposed recommendation for the purchase of the East Jersey's property to meet present conditions and the later development of the Wanaque to supplement the supply

from Little Falls. Such a purchase might prove to be a disastrous experiment in chemisary.

Therapeutic Notes.

Alcoholism-Subacute.

Dr. H. A. Hare has found the following prescription of great service in this condition:

R Tincture of capsicum, 5 jss. Deodorized tincture of opium, 5 ii.

Spirit of chloroform, \tilde{z} j.

Compound tincture of lavender, ad \tilde{z} jv.

M. S.: Dessertspoonful every four or five hours.

Bronchitis-Apomorphine in.

Dr. L. Freyberger has found the following of service:

R Apomorphine hydrochloride gr. ¼3. Dilute hydrochloric acid mij. Syrup of lemon, mxxx. Distilled water, ad 5ij.

M. Sig.: 5j every two hours for a child two years old.—"Pocket Formulary for the Treatment of Disease in Children."

Delirium Tremens-Treatment Of.

Dr. Schneider in Munchener medicinische Wochenschrift, replying to the criticisms of Scharnkes and of Porkens in regard to the treatment of delirium tremens says:

That he has never disputed the fact that very large doses of veronal may produce a more or less quieting effect on a delirious patient. That as far as mortality and duration of the delirium are concerned Porken's work on the advantages of veronal is not convincing. His results include numerous cases of delirium imminens, and therefore cannot be compared with those of a psychiatric ward dealing almost exclusively with cases of pronounced delirium. That no one will deny that narcosis and isolation must be resorted to in general hospitals, especially where light baths are not obtainable, but that it is just as erroneous as it has ever been to consider such emergency measures the ideal or the treatment of choice.

Digestive Therapeutics-Liquid Paraffin In.

Dr. Manquat, in The Journal des Practiciens, insists on the necessity for using the pure oil only. To avoid borborygmi, intestinal pains, and a feeling of heaviness in the stomach, it should not be taken soon after a meal. It delays the complete emulsion of digested fats, and stops the action of ferments. The doses should, therefore, be taken some time after meals. Manquat states that liquid paraffin acts upon the intestinal mucous membrane by lessening inflammation, quieting its changes, and reducing gastrointestinal intoxication. For habitual constipation, two teaspoonfuls should be taken on waking, two at 11 a.m. or at 5 p.m. and two at bedtime. In chronic and in tuberculous entcritis, the following has been used with success:-

R	Pulv. Bismuthi Subnit3ij	
	Paraffini Molis	
	Paraffini Liquidiad 3x.	
	Misce. Fiat mistura.	

The dose of this mixture is the same as that of the pure oil. It may be used in the treatment of hyperchlorhydria and of ulcerative gastroenteritis.

Idiopathic Insomnia.

Dr. H. Crichton Miller, in the Medical Press and Circular, London, says: Insomnia is a symptom always; it is never a disease. In many text-books there is a reference to "idiopathic insomnia." That is the insomnia described by the ignorant man. We are all ignorant on this subject, and the best thing is to admit our ignorance, rather than trying to satisfy our consciences by describing it as idiopathic, or putting a long title to it or classifying it, and concluding that all is well.

Pyloric Stenosis of Infants; Hypertrophic.

Dr. L. Exchaquet, in the Revue Medicale de la Suisse Romande, outlines the following measures recommended by Ibrahim, as follows: Administer a food both easily digested and nourishing; milk modified with cream or a malted cereal, buttermilk, or sweetened skimmed milk. Use a small quantity of food at a time. Lavage rids the stomach of residues that favor vomiting and other dyspeptic disturbances. The spasmodic element may be combated by the application of hot compresses and by the administration of valerian, opium, and atropine. The general strength may be sustained by the use of saline and nutrient enemata or by hypodermoclysis. Whenever possible the pylorus should be stretched by means of the method of pyloric intubation devised by Hess.

Pyorrhoea Alveolaris.

Emetin hydrochlorid is given in pyorrhoea alveolaris in doses of from ½ grain to 1 grain at intervals of from one to two days. It is claimed that from three to six doses are necesary, and in some cases it may be necessary to repeat this course at the end of ten days.—A. M. A. Jour.

Retention of Urine in Infants.

Retention in the newly born babe may be due to one of several causes for which, when a doubt exists, the infant should be examined:
(1) Imperforate meatus urinarius, either glandular or preputial; (2) marked phimosis simulating imperforate preputial meatus; (3) cyst of the sinus pocularis; (4) impacted mucus or calculus within the urethral canal; and (5) atresia.—T. C. Stellwagen, Jr., in the Penn. Medical Journal.

Tuberculous Ulcers.

Dr. O. Morroni, in Annali di Medicina Navale e Coloniale, adds an additional case to the five reported by him before the Tuberculosis Congress in Rome, 1912, in which cases he demonstrated the value of the double salts of mercury and silver in combination with iodine, injected into the interior of tuberculous ulcers. This method treatment is said to be a definite and a rapid one, being cited as a successful instance of chemotherapy

Urticaria-A Powder for.

The following is reccommended as an effective antipruritic:

R Menthol, 0.20 gram. Camphor, 1 gram. Magnesium carbonate. Zinc oxide, aa, 40 grams. Pulverized talc, 20 grams.

Management of Neurasthenie Patients.

Tell your neurasthenic patient to go plant a garden. In the hurly-burly of practice the temptation is strong to hand your patient a prescription and dismiss him with the implication that nothing is the matter with him anyway. It would seem to be unnecessary to dwell on the importance of taking a littie painstaking care in the management of such a case, were it not notorious that the average neurasthenic is usually dismissed without that attention which only a dominating, conscientious personality in the shape of a physician can give. The average neurasthenic needs just such advice as is presented at the beginning of this comment. If his control of agricultural space is limited to a twenty-foot back yard, let him divert his mind by slow, methodical and not too fatiguing labor, close to nature. The esthetic enjoyment itself of planting pretty flowers will rob the work of half its unpleasantness, while the keen satisfaction of watching the plants grow and mature will contribute more to the restoration of health than almost any one or more of the "remedies" in the materia medica. To be sure, the requisite is that the advice be given in the proper way by a physician who knows The advice from any whereof he speaks. other would be futile.

Hospitals.

Monmouth Memorial Hospital, Long Branch.

Showing receipts \$7,000 less than expenditures, with a contribution of improvements by one member of the board of governors of more than \$33,000, the officials of the Monmouth Memorial Hospital, after their annual meeting January 9, held a conference with the Monmouth Board of Freeholders. The county appropriates annually \$11,250 for the support of its charity patients. In the year just closing, the hospital paid out \$20,511 for the county eharity patients.

The total receipts for the year were \$53,519.12. The total number of patients treated in both departments reached 2,291. During the same time there were 127 deaths. The freeholders promised to give the plea of the governors for a larger contribution careful consideration.

St. Peter's General Hospital, New Brunswick.

The seventh annual report of this hospital for the year ending December 31, 1914, has recently been issued and from it we gather the following items:

During the year there were admitted 625 males and 681 females, total 1,306. There were discharged: Cured, 1,173; improved, 10; uninaproved, 2: deaths, 50: deaths within 24 hours after admission, 30: remaining in hospital December 31, 1914, 41. Average days' stay of patients, fourteen days per patient; collective days' stay, 18,106. Average cost per

day per patient, \$1.40. Number of free patients, 802; pay patients, 504. Number of prescriptions filled in the hospital, 7,200. There were also 3,569 outside patients treated.

The report shows that 905 operations were performed. Of these we note the following: Appendectomy, acute, 93; chronic, 89; gangrenous perforated, 34; total, 216 with four deaths in grangrenous cases: laparotomy, for O diseases, 70; for F tumors, 18; exploratory, 30; adenectomy, 43; curettement, 80; Gilliam operation for suspension, 26; herniotomy, 52; salpingectomy, 32; ventral suspension, 14; vaginal section, 11; hysterectomy, 12; chole-lithotomy, 11; cholecystotomy, 19; cholecytectomy, 3, etc. In the obstetrical department, there were 61 pregnancy cases; Caesarean section, 4 cases,

The new maternity building and children's ward was completed and fully equipped during the year, with a capacity for 40 maternity cases. It was opened for inspection, February 15th, when several thousand persons visited it.

Six nurses graduated from the Training School for Nurses during the year and seventeen are now receiving instruction. The total receipts for maintenance of the hospital exceeded \$25,000, including \$13,290 from patients. The expenditures were about \$25,000, including \$3,463.83 advanced for the new maternity building. The building account shows total receipts of \$27,885.75 including \$10,394.32 borrowed from the bank.

Zurbrugg Memorial Hospital, at Riverside.

This hospital was formerly opened on February 12. The present building, it is announced, is only the beginning of an enterprise planned by the late T. Zurbrugg, the benefactor of the hospital who bequeathed \$250,000 for the establishment. It has accommodations for twelve patients and is provided with an isolation department for contagious diseases, but it is later on to be converted into a nurses' home and to be replaced by a much more commodious structure.

Overcrowding of New York State Hospitals.

The annual report of the New York State Charities Aid Association calls attention to the fact that the State Hospitals for the insane are so overcrowded that the health and chances of recovery of the patients are endangered, and makes a plea for the immediate construction of three additional hospitals. The fourteen hospitals in the State now hold 33,358 patients, although they were built to hold only 27,463. The total overcrowding is 5,895, an average of 21.4 per cent., and the Manhattan Hospital, on Ward's Island, has 1,408 more inmates than it should have, an excess of 39 per cent.

The American Hospital in Paris.

Dr. George W. Crile of Cleveland, who returned to this country last Saturday after a stay of six weeks in Paris at the head of a division of the American Ambulance Hospital, is quoted as saying: "From my own observation and from talks with military and professional authorities I have no hesitation in saying that the American Ambulance is the finest hospital produced by the war, and this is the unanimous opinion of the authorities with whom I

talked. The hospital is known throughout Europe and the great work that is being done there is widely recognized." A meeting of the executive committee of the hospital was held in New York City on Tuesday of last week at which it was stated that the total amount of money received thus far has been about \$440,000, of which \$120,000 was contributed by Americans in Europe. The average number of patients in the hospital is 390 and the average cost of each patient during the months of November, December and January was 7.88 francs or \$1.51 a day. This amount includes all expenses for food, for patients and helpers; heating, lighting, service, drugs, and even for the hospital's automobile trucks. The average daily cost of food for patients and helpers is 2.66 francs or about 50 cents. hospital has now nearly ninety automobile anibulances in service, the great majority at the front, and this important branch of the work is being extended. The hospital records show a mortality rate of only 8 per cent., although some of the most severely wounded are sent there for treatment.

Medico-Legal Items.

The Rights of the Surgeon.

Called to see a patient, Dr. Reynier, agrege and surgeon to the hospitals of Paris, diagnosed an abscess of the appendix, necessitating an operation. His fee was to be 3,000 francs (\$600). When the operation was begun, Dr. Reynier discovered that the appendix was intact, but that there was an abscess of the kidney, and he operated for this abscess. Now the patient refused to pay the 3,000 francs agreed on to the surgeon, alleging that if she had acquiesced to the payment of such a sum she had done it only because the operation was to be on the appendix, and not on the kidney, an operation which should not be worth more than 500 francs (\$100). The case was taken to court and Dr. Reynier won the suit. The decision affirmed that the surgeon is always at liberty to perform any operation which he may think necessary for the welfare of the patient, without being held to account for the specific nature of the operative measures which he has taken in good faith, with the intention of curing the affection which he knows ex-

Privilege Extends to Physician Invited to Assist in Diagnosing Case.

The Supreme Court of Arkansas says that a Dr. Brown invited a guest of his named Dr. Smith to go with him to see his patients, and that Dr. Smith accompanied him and was present when he examined and prescribed for the insured in this case. It was true that Dr. Smith did not visit the insured for the purpose of personally treating him, but to examine the patient as a physician, at the request of Dr. Brown, to assist him in diagnosing the case. It was the intention of Dr. Brown to use any knowledge that he might acquire of the patient's condition as the result of the joint examination by himself and Dr. Smith. Hence it might be said that Dr. Smith went, not only as a matter of courtesy to Dr. Brown, but also for the purpose of assisting him in diagnosing

the disease and treating the patient. This clearly brought him within the spirit of the statute and prohibited him from disclosing any knowledge of the patient's condition thus acquired, without the consent of the Insured's representatives in this suit.—Mutual Life Insurance Company of New York vs. Owen (Ark.), 164 S. W. R. 720.

Marriage.

HEDGES-TAYLOR.—At Plainfield, N. J., December 30, 1914, Dr. Ellis W. Hedges, of Plainfield, to Mrs. Kate S. Taylor, of Detroit, Michigan

Deaths.

ALLEN.—At Woodstown, N. J., February 17, 1915, Dr. Lefferson A. D. Allen, aged 75 years. Dr. Allen was born near Salem, N. J., Sept. 18, 1839. His ancestors came from England in 1636 and settled in Lynn, Mass., soon after one of them settled in Monmouth County, this State, and later one of them bought a tract of land in Salem County. Dr. Allen was educated in the schools of Woodstown; then studied pharmacy and practiced it eight years; he was a naval veteran of the Civil War. He entered the Medical Department of the University of Pennsylvania and graduated therefrom in 1867; he settled in Woodstown where he practiced medicine for 40 years. He was mayor of that city from 1898-1908 when he was elected Justice of the Peace. He was a member of the Salem County Medical Society for He also served several years as a Member of the Board of Managers of the State Hospital at Trenton.

MERRELL.—At Somerville, N. J., February 9, 1915, Dr. William H. Merrell, of that city, aged 73 years.

On Tuesday evening, February 9th, 1915, Dr. William H. Merrell died at Somerville, N. J. Dr. Merrell suffered an attack of dyspnoea about a year ago and had been in failing health since that time. On January 31st, he went to the Somerset Hospital in which institution he died.

Dr. Merrell was born May 24th, 1842, and was a son of Mr. and Mrs. John C. Merrell, old residents of Hunterdon County. He studied medicine with Dr. Larison, of Ringoes, and attended lectures at Geneva Medical College and Bellevue, New York, from which latter institution he graduated in 1869.

Dr. Merrell practiced medicine at South Branch, N. J., for forty years, and a few years ago moved to Somerville. In 1872 he married Miss Rebecca Higgins, who with one son, Dr. Howard V. Merrell, of Brooklyn, survive him.

Dr. Merrell was the oldest member of the Somerset County Hospital Society, and one of its most faithful members. For a long time he was treasurer and only last year its president. He retained his interest in it till his death.

Dr. Merrell took great interest in anti-tuberculosis work and was at one time president of the Somerset Anti-Tuberculosis Association.

Dr. Merrell was an amiable, gentle character, true to his patients as well as to his brother physicians. He was a consistent member of the First Baptist Church of Somerville New Jersey.

The following tribute is taken from the Unionist-Gazette, a local paper:

A Life of Service.

"In an active practice of over forty years Dr. Merrell has touched the lives of many individuals and families in their most tender relations to humanity. The family physician is the one on whom we lean when our thoughts are most anxious, when we are torn between fear and hope, when all other mortal help has failed. His decision is awaited with bated breath when loved ones are stricken. A physician who travels the country roads at any hour of the day or night and who holds himself ready to answer the call of his patients for as long a period as did Mr. Merrell, is deserving of the highest honor his patrons can bestow upon him. He has given all his time and all his ability to minister unto others and his life has been one of service such as few others can perform.

"While not having won a niche in the Hall of Fame because of great deeds Dr. Merrell has won a place in the hearts of those among whom he has ministered for so many years that may be far more valuable when measured by the amount of service done to his fellow men."

SCHUREMAN.—In Newark, N. J., January 23, 1915, Dr. Charles A. Schureman, of Newark, aged 73 years. Further notice will appear in the March Journal.

Dr. Schureman graduated from the New York University Medical College in 1871. He was a member of the Essex County Medical Society and of the Medical Society of New Jersey.

STAGG.—At St. Mark's Hospital, New York, on February 15, 1915, Dr. Frank Munson Stagg, of Passaic, N. J., aged 40 years. Dr. Stagg was born in Paterson; graduated from the College of Physicians and Surgeons, New York, in 1897; was the first interne of the Passaic General Hospital, and began practice in Passaic in 1898.

Personal Notes.

Dr. Augustus L. L. Baker, Dover, shot a grey owl in that city recently which measured forty inches from tip to tip of wings.

Dr. Guy Otis Browster, Dover. on February 16 addressed the Central Home and Sc' of Association of Dover on Health, special emphasis was given to eye, ear, nose and throat disorders.

Dr. Harold D. Corbusier, Plainfield, was elected last month secretary of the local Board of Health.

Dr. Gordon K. Dickinson, Jersey City, spent a few days at Atlantic City last month, visiting after an attack of grippe.

Dr. Charles M. Dunning, Franklin Furnace, was recently elected president of the Newton Board of Health.

Dr. G. N. J. Sommer, Trenton, is enjoying a fishing trip in Florida.

Dr. William S. Disbrow, Newark, has been elected president of the City Board of Health. He proposes many changes to increase efficiency in the work.

Dr Walter A. Jaquith and wife, Chatham, recently entertained the whist club at their

Dr. Henry W. Kice, Wharton, addressed the public school students recently on "What the State expects of us." He spoke specially on care of eyes, ears, nose and throat.

Dr. Francis E. Knowles, South Orange, who suffered from appendicitis and under treatment in the Orange Memorial Hospital, has resumed

practice.

Dr. Clinton H. Read, Trenton, was severely injured in an auto accident last month, but has resumed practice.

Dr. George L. Romine, Lambertville, is taking a few weeks of needed rest. Will recume

practice April 1st.

Dr. Martin J. Synnott, Montclair, 'addressed the Commonwealth Club of that city on "Health." recently.

Dr. Isadore Topkins, Califon, in a runaway accident last month sustained three fractured ribs and was otherwise injured, but is recovering.

Dr. Charles M. Dunning, Franklin, and wife spent a few days recently in New York.

Dr. John H. Moore, Bridgeton, has retired form the City Board of Education after nine years of faithful service, five years of which he was president of the board.

Dr. Robert R. Sinclair, Westfield, spoke on Mental Healing at the Men's forum of the

Methodist Church recently.

Dr. Samuel Freeman, Trenton, who was operated on for appendicitis at St. Francis Hospital, last month, has recovered sufficiently to resume his office practice.

Dr. Horace D. Bellis, Trenton, and wife spent several days at Haddon Hall, Atlantic City last

month.

Dr. Christopher C. Beling, Newark, last month addressed the Social Workers' Club of Essex County presenting the urgent need of a "Psychopathic Clinic with Attached Hospital Facilities for the Purpose of Observation," in the work of caring for the mentally weak.

Dr. George E. Galloway, Rahway, and wife

spent two weeks in Florida, recently.
Dr. Thomas N. Gray, East Orange, recently addressed the managers of the Newark Maternity Hospital on "Infant Control."

Dr. James M. Reese, Phillipsburg, was elected last month, president of the local Tuberculosis Society, and Dr. Floy A. Shimer was elected vice-president.

MEDICAL EXAMINING BOARDS' REPORTS

Examined.	Passed.	Failed
California, July 56	33	23
Connecticut, Nov 17	11	6
Georgia, October* 36	20	16
Illinois. October118	103	15
Kentucky, December 13	9	4
Louisinna, October 32	17 .	15
Maryland, December‡. 1	1	0
Massachusetts, July165	117	48
Minnesota, October 9	8	1
Mississippi, October 24	18	6
Montana. October 25	16	9
Nevada, November 4	4	0
New Jersey, October 33	22	11

Oklahoma, October	14	6	8
Pennsylvania, Dec	43	31	12
South Dakota, July	20	18	2
Wisconsin, October**	1	1	0

*Fourteen were licensed through reciprocity. **Fifteen were licensed through reciprocity. #Homeopathic Board of Examiners.

Arkansas licensed seventeen applicants by reciprocity.

Ohio licensed 28 candidates by reciprocity from October 22 to November 18, 1914

Public Bealth Items.

Boston's board of health is to be abolished. A commissioner of health will be appointed to assume its duties. It is claimed responsibility for omission or commission can be more readily fixed with a single individual on whom to attach blame.

Dr. Julius Levy, head of child hygiene of the Newark Board of Health, is endeavoring to secure higher standards in the practice of midwifery, one effort being to make permanent the employment of a supervisor of midwives.

The Elizabeth Health Board has given warning to the milkmen who supply milk to the citizens that if conditions did not improve, both as regards the quality of their milk and the appearance of their premises, summary action would be taken against offenders.

Harrison's Board of Health has taken action making whooping-cough a reportable infectious disease. That this and other communities in various parts of the country have done so is an indication that the seriousness of this malady, usually of infancy and youth, has come to be more and more realized.

It seems to me that a special duty devolves upon the people of the United States to-day. the only great nation in the world not at war. From now on the burdens of civilization and its blessings must rest upon and go with us. We cannot carry these burdens; we cannot reap these blessings unless we wipe out disease and crime from us. And the rational agent to do this is the medical profession.

—Victor C. Vaughan.

Hudson County Health Board,

This board last month appointed a bacteriologist at a salary of \$2,500 and an assistant at \$1,000 per annum. Steps were taken for the establishment of a county bacteriological laboratory and the securing of a place for it.

Radical Changes in the Newark Health Board.

A purpose to practically revolutionize the working system of the Board of Health was indicated by its president, Dr. William S. Disbrow, in an address to the members at the first business meeting of the new board recently. He foretold changes not only in the sanitary system, but to involve as well the City Hospital, the Verona sanatorium, clinics and city dispensary and the outdoor

work. The establishment of an outdoor department, more attention to city hospital affairs and radical improvements in the sanitary department of the board were recommended by him.

Praise was given by the president to the scientific work of the department. He pronounced the tuberculosis sanatorium, with its abnormal death rate, a failure under the present operations and bespoke increased energy

in child hygiene work.

In urging immediate steps to secure a candidate for the position of health officer, who ac's as secretary of the board and custodian of funds, the president recommended that a physlcian, trained in the best schools, with a degree of "doctor of public health" and having experience in public health work, be employed.

War on Jersey Mosquitoes .- The Bergen County Board of Freeholders has appropriated \$14,000 to aid in mosquito extermination. Representatives from the New Jersey State Commission appealed to the board, asserting that the neighboring counties of Hudson, Essex and Union were complaining because of Bergen's seeming indifference. Last year the board appropriated only \$800.

The Publicity Committee of the Hudson County Medical Society recently issued a circular for distribution to the public regarding the "Relationship of Housing Conditions to Health."

The Report of the New York City Health Commissioner for 1914, recently issued, shows that there was a notable decrease in infant mortality, that the death rate was the lowest ever recorded in New York, that sanitary conditions have been improved generally. There were 5,513 more births in 1914 than in 1913, and that 1,784 more marriages were reported than in 1913.

Taking Advantage of a Fellow.—"Would you enjoy your dinner if you saw bedbugs, fleas, roaches and spiders crawling all over the foodstuffs? Yet this form of vermin is comparatively clean in comparison with flies. Prepare now to swat the first fly you see in the coming spring."-Wiscousin State Board of Health Bulletin.

Scarlet Fever in the Aged.

Dr. C. B. Ker, in the British Jour. of Children's Diseases, records a case in a man, aged seventy-four years, complicated by otitis and arthritis. In a total of 263,986 cases treated in modern fever hospitals, Ker could find only twenty in persons above 60.

Co-operation in Public Health Work.-Cooperation of all possible resources, medical and non-medical, is what counts in preventing unnecessary sickness and premature death. It is worth striving for!-American Journal of Public Health.

Preventogram.—"So long as there is a neighbor who cultivates thistles, dandelions, etc., in his fields or lawns, it is well nigh impossible for the careful, industrious neighbor

to secure the freedom he pays for by his own care. Parents have a right to insist that their children be not infected by a careless neighbor's children."-Pittsburgh City's Health.

Preventogram.—A stomach that makes its presence known is a poor stomach—but many only begin to know what they have lost when they become aware that they have it!—Buffalo Sanitary Bull.

According to Dr. Hurty, of the Indiana State Board of Health, of the 144 dairies inspected in the Hoosier State during 1914, but one was considered perfectly satisfactory, 43 were graded "good," 129 were "fair," 163 "poor," and 108 positively "bad."

Public Interest and Public Sanitation .- "No sanitary improvement worth the name will be effective whatever acts you pass or whatever powers you confer on public officers unless you create an intelligent interest in the public mind."-Bulletin of the Department of Health, City of Winnipeg.

Geographic Distribution of Diseases.-In certain diseases, of which the cause or means of spread is unknown, morbidity reports show their geographic distribution and varying prevalence and the condition under which cases occur. This information has great potential value in attempts to ascertain their causes and means of spread.—John W. Trask, Supplement No. 12, Public Health Reports.

The Physician as a Sanitary Policeman.-The present day physician wants to know not only what is ailing his patient, but also how his patient acquired the disease, whether any other persons are exposed to contagion from the same source, whether the patient himself is a danger to his friends and relatives, and whether the disease will spread throughout the entire community or can be confined to the single case in hand. He owes a responsibility not only to his patient but to the community He is not only the caretaker and medical adviscr of the sick. He is also the guardian and protector of the well. Each practicing physician is or should be a sanitary policeman for the community against contagion.—Frederick R. Green, Northwest Medicine.

Working of the Eugenies Law.-The Wisconsin State Board of Health in its annual report shows that since the eugenles law went into effect January 1, 1914, the number of marriages in Wisconsin dropped 3.800. In 1913 there were 21,052 marriages and in 1914 only 17,252.

Infant Mortality as an Index to Social Welfare.—Sir Arthur Newsholme, the eminent English statistician, says that infant mortality is the most sensitive index we possess of social welfare. And then he adds: "If babies were well born and well cared for, their mortality would be negligible. The infant death-rate measures the intelligence, health and right living of fathers and mothers, the standards of morals and sanitation of communities and governments, the efficiency of physicians,

nurses, health officies and educators."-Bull. Chicago School of Sanitary Instruction.

Value of Statistics-Statistics have suffered in reputation because of the seeming truth of the trite statement that one can prove anything by figures. In reality figures are but evidence upon which conclusions may be based. If the evidence is faulty and the faults are not perceived, errors in judgment may result. But this is true of all evidence upon which opinions are based and is no more true of figures and statistics than it is of other kinds of evidence.-Trask.

Compulsory Vaccination.

The Commission of Education of New York State has recently notified the officers of the public, parochial, and private schools throughout the State that no pupil is to be admitted for attendance unless he or she has been vaccinated, as required by law, and this has led school officers to apply to the Attorney General for a construction of the vaccination law. In his opinion Attorney General Carmody says: "Children in parochial schools should be vaccinated, as are children in the schools supported at public expense. It is apparent that the danger of congestion is existent in parochial schools as well as in schools supported by public money. The purpose of the statute being so plain, good citizens will not question its application, but in recognition of a policy will accede thereto. The difficulty of penalizing a parochial school which existed when Attorney Cunneen examined the question some years ago has not been removed from the present statute. However, the ordinance powers conferred upon municipalities and the general powers of local boards and of the State Commissioner of Health are such that I believe vaccination could be enforced where schools not supported by the public money endanger the health by persistently refusing to comply with this highly commendable requirement."

The Sale of Patent Medicines in New York City.—The Department of Health has adopted the regulation regarding the sale of proprietary or patent medicines in this city. No proprietary or patent medicine manufactured, prepared, or intended for internal human use. shall be held offered for sale, sold or given away, in the City of New York, until the following requirements shall, in each instance, have been met:

The names of the ingredients of every such medicine shall be registered in the Department of Health. The expression "proprietary or patent medicine," for the purpose of this selection shall be taken to mean and include every medicine or medicinal compound, manufactured, prepared, or intended, for internal human use, the name, composition, or definition of which is not to be found in the United States Pharmacopoeia or National Formulary, or which does not bear the name of each ingredient conspicuously, clearly and legibly set forth, in English, on the outside of each bottle, box or package in which the said medicine or medicinal compound is held, offered for sale sold, or given away. The provisions of this section shall not, however, apply to any medicine or medicinal compound, sold or given away upon the written prescription of a duly licensed physician, provided such medicine or medicinal compound be sold or given away to or for the use of the person for whom it shall have been prescribed, and provided, also, that the said prescription shall have been filed at the establishment or where such medicine or medicinal compound is sold or given away, in chronological order according to the date of the receipt of such prescription at such establishment or place. Every such prescription shall remain so filed for a period of five years. The names of the ingredients of proprietary and patent medicines, registered in accordance with the terms of this section, and all information relating thereto or connected therewith, shall be regarded as confidential, and shall not be open to inspection by the public or any person other than the official custodian of such records in the department of health, such persons as may be authorized by law to inspect such records, and those duly authorized to prosecute or enforce the Federal Statutes, the Laws of the State of New York, both criminal and civil, and the Ordinances of the City of such prosecution or enforcement. This section shall take effect December 31, 1915.

Anti-Typhoid Vaccine Aiding French Soldiers.

A recent communication from Paris says that the war has demonstrated beyond all question, according to members of the Medical Commission, the efficaciousness of anti-typhoid vaccination. Most of the members of the active army had been vaccinated before the war, but the reservists and territorials drafted and sent to the front later had not and as a result, toward the end of October, a large number of cases of typhoid developed.

The Medical Commission sent doctors to the firing line and they vaccinated a whole army corps of 40,000 men.

By the end of Decemeber the good results of this treatment became apparent, as typhoid had practically disappeared, the only cases remaining being among the men of two regiments which the doctors were unable to reach.

STATE BOARD OF HEALTH. January, 1915, Report.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending January 10, 1915, was 3191. By age periods there were 507 deaths among infants under one year, 211 deaths of children over one year and under five years and 1064 deaths of persons aged sixty years and over.

The tabulations for the calendar year 1914 have not been officially compiled. However it is estimated that the total deaths in the State will number about 39,800, which will make a death rate of about 13.93 per 1000 inhabitants. This is lower than for any period in the history of the State and is a reflection of efficient work on the part of those intrusted with the enforcement of laws pertaining to the protection of the public health.

The following list shows the number of certificates of death received in the State Bureau

of Vital Statistics during the month ending January 10, 1915, compared with the average for the previous twelve months, the average in deaths from each disease or class diseases being given in parentheses:

Typhoid fever, 19 (18); measels, 5 (21); scarlet fever, 9 (21); whooping cough, 9 (26); diphtheria, 89 (49); malarial fever, 1 (1); tuberculosis of lungs, 289 (313); tuberculosis of other organs, 46 (46); cancer, 169 (184); diseases of nervous system, 270 (285); diseases of circulatory system, 549 (518); diseases of respiratory system (pneumonia and tuberculosis excepted), 257 (207); pneumonia, 297 (252); infantile diarrhoea, 63 (191); diseases of digestive system infantile diarrhoea excepted), 183 (195); Bright's disease, 264 (253); suicide, 37 (42); all other diseases or causes of death, 637 (698). Total, 3,191 (3,320).

Report of Communicable Diseases.

Two thousand nine hundred and thirty cases of communicable discases were reported to the State Board of Health during the month of Dec., 1914, this number being seven hundred and eighty-nine cases in excess of the number reported during December, 1913. Typhoid fever was reported from every county in the State but Atlantic, Cape May, Salem, Somerset and Sussex. Diphtheria has continued to be unusually prevalent in most sections throughout the State, Salem and Sussex Counties being the only ones from which no cases were reported. The total number of cases reported was nine hundred and fifty-six against one thousand and fifty-four during the month of November, while only six hundred and seventy-three cases were reported in December, 1912. Hudson County reported 388 cases and Essex County 180. Scarlet fever was reported during the month from every county in the State, four hundred and twenty-five cases in all as against three hundred and fiftyseven cases in December, 1913, and five hundred and nine cases in December, 1912. Hudson County reported 144, and Essex 122. Cases of tuberculosis were reported from every county except Sussex. The number of cases reported was six hundred and eighty-five against six hundred and twenty-two during the month of December, 1913, and four hundred and eight in December, 1912. Essex County reported 165, Hudson 157, Union 55, Camden 64, Morris 58 cases.

The Laboratory of Hygiene reports 3,776 specimens received for bacteriological diagnosis as follows: Specimens from suspected cases of diphtheria, 2,845; tuberculosis, 560; typhoid fever, 229; malaria, 12; miscellaneous specimens, 130. Total, 3,776.

Forty of the 314 samples of food and drugs examined in the Laboratory were found to be below standard.

The Bureau of Cremery and Dairy Inspection reports 114 of the 264 dairies inspected as scoring below 60 per cent. of the perfect mark, 11 had relinquished the sale of milk. The milk from eight daries—which supplied milk to Atlantic City, Elizabeth and Woodbridge—was excluded from sale on account of extremely unsanitary conditions of the daries.

NEW AND NON-OFFICIAL REMIDIES.

During January the following articles have been accepted by the Council on Pharmacy and Chemistry for Inclusion with New and Non-Official Remedies:

Hynson, Westcott & Co.: Glycotauro Capsules (half size.

Eli Lilly & Co.: Alcresta Ipecac Tablets.

Merck & Co.: Cantharidin, Merck. H. K. Mulford Co.: Luetin.

Since publication of New and Non-Official Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Cantharidin.—The anhydride of cantharidic acid preparations of cantharidin are used in place of corresponding preparations of cantharides and have the advantage of being cleanly, and more uniform in strenght. A 0.1 per cent. solution of cantharidin in a fixed oil raises blisters when kept in contact with the skin.

Benzene, Medicinal.—A liquid consisting almost entirely of benzene, C_0H_0 . Medicinal benzene has been used in the treatment of leukemia. In many cases the improvement is such as to suggest an apparent cure. A large number, if not all, cases relapse or succumb to the toxic action of the benzene. The drug is in the experimental stage and should be used with caution.

Benzene, Merck, H. P. Crystallizable.—A brand of medicinal benzene. Merck & Co., New York.

Leucocyte Extract.—An extract of Leucocytes obtained from exudates produed in the pleural cavity of rabbits or other animals. It is said to be of value as an aid to specific serums or antitoxins and vaccines. It is claimed to be of use where the nature of an infection is not known. Its use is in the experimental state.

Leucocyte Extract, Squibb.—A leucocyte extract prepared according to the method of Hiss. It is sold in syringes containing 10 c. c. E. R. Squibb and Sons, New York City (Jour. A. M. A., Jan. 2, 1915, p. 54).

Silver Citrate, Merck.—A brand of silver citrate admitted to New and Non-Official Remedies. Merck and Co., New York (Jour. A. M. A., Jan. 2, 1915, p. 54).

Silver Lactate, Merck.—A brand of silver lactate admitted to New and Non-Official Remedies. Merck and Co., New York (Jour. A. M. A., Jan. 2, 1915, p. 54).

Digitoxin, Merck.—A brand of digitoxin admitted to New and Non-Official Remedies. Merck and Co., New York, (Jour. A. M. A., Jan. 2, 1915, p. 54).

For the above articles see Jour. A. M. A., Jan. 2, 1915, pp. 53, 54.

Luetin.—An extract of the killed cultures of several strains of the Treponema pallidum, the causative agent of syphilis. It is employed for for the diagnosis of syphilis. It is of use in the examination of tertiary cases, but rarely gives a positive reaction in primary cases or in untreated secondary cases. Luetin is supplied as:

Luetin, Mulford.—Packages sufficient for a

single test, for five tests and for fifty tests. The H. K. Mulford Co., Philidelphia.

Glycotauro Capsules (half size).-Each capsule contains Glycotauro (see N. N. R.) 0.15 gm· Hynson, Westcott & Co., Baltimore, Md. (Jour. A. M. A., January 23, 1915, p. 343.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may

- Diseases of the Bronchi, Lungs and Plenra. By Frederick T. Lord, M. D., Visiting Physician, Massachusetts General Hospital and Channing Home for Consumptives; Instructor in Clinical Medicine, Harvard Medical School. Octavo, 605 pages. Illustrated with 93 engravings and 3 colored plates. Cloth, \$5.00 net. Lea & Febiger, Publishers, Philadelphin and New York, 1915.
- Infant Feeding, Its Principles and Practice. By F. L. Wachenheim, M. D., Attending Physician Sydenham Hospital and Mount Sinai Dispensary, New York City. 12mo, 340 pages. Cloth, \$2.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.
- Diagnostic and Therapeutic Technic. A Manual of Practical Procedures Employed in Diagnosis and Treatment. By Albert S. Morrow, M. D., Clinical Professor of Surgery, New York Polyclinic. Second edition, Thoroughly Revised. Octavo of 834 pages, with 860 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$5.00 net.
- A Practical Text-Book of Infection, Immunity and Specific Therapy with special reference to immunologic technic. By John A. Kolmer, M. D., Dr. P. H., Instructor of Experimental Pathology, University of Pennsylvania, with an introduction by Allen J. Smith, M. D., Professor of Patho logy, University of Pennsylvania. Octavo of 899 pages, with 143 original illustrations, 43 in colors. Philadelphia and London: W. B. Saunders Company, Cloth, \$6.00 net.
- A Text-Book of Diseases of the Nose and Throat. By D. Braden Kyle, A. M., M. D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia. Fifth edition Thoroughly revised and enlarged. Octavo of 856 pages, with 272 illustrations, 27 of them in colors. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, \$4.50 net.
- Differential Diagnosis. Presented through an Analysis of 317 cases. By Richard C. Cabot, M. D., Assistant Professor of Clinical Medicine, Harvard Medical School. Octavo of 709 pages, 254 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, \$5.50.
- Oedma and Nephritis. A critical, experimental and clinical study of the physiology and pathology of water absorption in the living organism. By Martin H.

Fischer, M. D., Prof. Physiology Univ. of Cincinnati. Second and enlarged edi-New York, John Wiley and Sons. tion. 1915

The Practical Medicine Series, comprising ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Charles L. Mix, A. M., M. D., Prof. of Physical Diagnosis, Northwestern Medical School, and Roger T. Vaughn, Ph. B., M. D. Series 1914. Chicago, The Year Book Publishers. 327 La Salle Street.

Vol. VII, Obstetrics. Edited by Joseph B. De Lee, A. M., M. D., Professor of Obstretrics N. W. Med. School, with the colaboration of Herbert M. Stone, M. D.

Vol. VIII, Series 1914, Materia Medica and Therapeutics, Preventive Medicine, Climatology, edited by George F. Butler, Ph. G., A. M., M. D., Henry B. Favill, A. B., M. D., and Norman Bridge, A.M., M. D.

Vol. IX., Skin and Veneral Diseases, edited by W. L. Baum, M. D., with the collaboration of J. H. Mitchell, M. D. Miscellaneous topics, edited by Harold N. Mayer, M. D.

Vol. X, Nervous and Mental Diseases, by Hugh T. Patrick, M. D., Prof. Neurology Chicago Polyclinic, etc., and Peter Bassoe, M. D., Ass't Prof. Nervous and Mental Diseases, Rush Medical Coll.

Obstetrical Nursing. A Manual for Nurses and Students and Practitioners of Medicine. By Charles Sumner Bacon, Ph. B., M. D., Professor of Obstetrics, University of Illinois and the Chicago Polyclinic; Medical Director, Chicago Lying-In Hospital and Dispensary; Attending Obstetrician, University Chicago Polyclinic, Hernotin, German and Evangelical Deaconess Hospitals. 12mo, 355 pages, illustrated with 123 engravings. Cloth,\$2.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

Bulletius, Pamphlets, Etc., Received. From the U. S. Public Health Service Hygienic Laboratory, Washington, D., C., the following

Epidemic Studies of Acute Anterior Poliomyelitis. Dr. W. H. Frost. Bulletin No. 90. Laboratory Studies on Tetanus. Dr. Edward Francis. Bulletin No. 95.

Digest of Comments on the U.S. Pharmacopoeia and the National Formulary. Drs. Motter and Wilbert. Bulletin No. 98.

Also the following reprints:

The Significance of Intra-abdominal "Bands," "Folds" and "Veils." Also Chronic Intestinal Stasis. Dr. W. S. Bainbridge, New York.

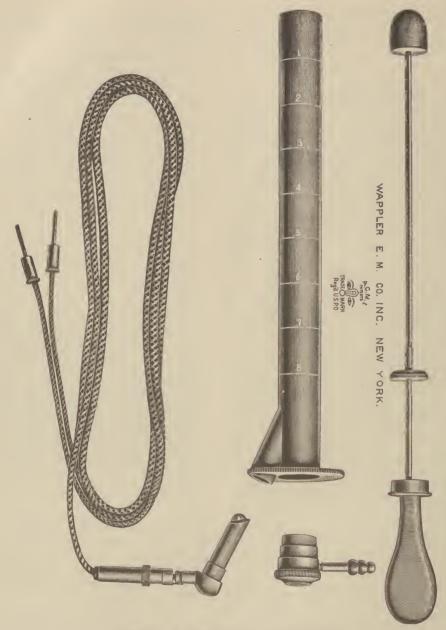
Notes on the Technique of Using Thorium

Paste. Dr. L. Duncan Bulkley, New York. The Purification of Public Water Supplies. Dr. A. Johnson, U. S. Geological Survey.

The Faucial Tonsils as a Gateway to General Infections. Dr. Norton L. Wilson, Elizabeth, N. J.

Infantile Mortality Due to Wrong Home are. Dr. D. E. English, Summit, N. J.

The Ravages of Venereal Diseases, Dr. Daniel Strock, Camden. Issued by Welfare Committee, Public Srvice Corporation.



Yeomans' Pneumo-Electric Proctoscope Illustrating Dr. Yeomans' Paper-See page 105.

Food for Thought.

He, who in every man wishes to meet a brother, will very rarely encounter an enemy. -Holcroft.

Let every dawn of morning be to you as the beginning of life, and every setting sun be to you as its close; then let every one of these short lives leave its sure record of some kindly thing done for others, some goodly strength or knowledge gained for yourself .- Ruskin.

Self-reverence, self-knowledge, self-control; these three alone lead life to sovereign power. -Tennyson.

It becomes no man to nurse despair, but in the teeth of clench'd antagonisms to follow up the worthiest till he die.-Tennyson.

O man, forgive thy mortal foe, Nor ever strike him blow for blow; For all the souls on earth that live, To be forgiven, must forgive.-Tennyson.

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EFFICIENCY IN THE PRACTICE OF MEDICINE.*

By Edward J. G. Beardsley, M. D., Philadelphia, Pa.

Assistant Professor of Medicine, Jefferson Medical College, Philadelphia.

During the last five years physicians have frequently heard the terms "scientific management" and "efficiency" as used in the world of business. We are aware that there is scarcely a modern commercial enterprise or corporation that does not employ its efficiency expert or experts. The sole duty of these specialists is to make a scientific study of methods for increasing the efficiency of each human or mechanical unit that goes into the make up of a twentieth century business.

If it has been found necessary in the commercial field to have efficiency experts to point out vulnerable spots in business systems how much more necessary it is that we physicians, whose daily work is potentially far more valuable to our patients than mere money making, should scrutinize our methods of work and test its efficiency in

every possible way.

Those of us who read the popular magazines or even glance through the daily papers cannot but have formed some general idea of what is accomplished in any line when a practical expert teaches a workman to correct his faulty methods of work, eliminating all waste motions, and accomplishing his purpose with greater accuracy and less fatigue. It has been proved many times, and to the satisfaction of even unfriendly critics of so-called scientific management, that the adaptation of the results

of such careful studies and methods can, and do, increase greatly the efficiency of even skilled workmen.

As a profession we are not fond, perhaps, of thinking of ourselves as business men, but as your honored guest (President Gray) will speak this afternoon of the economic problems of the profession, it is not out of place that we should think of ourselves as laborers and briefly to study how we may improve the efficiency of our work.

How many of us would thoroughly enjoy having an unprejudiced medical efficiency expert accompany us in our daily work for the purpose of reporting our efficiency as public servants? This would mean that such an observer would be at our elbow during our office consultations, watch us perform our laboratory work and accompany us on our round of house visits. How very few of us would look forward with satisfaction and pleasure to reading such an expert's, friendly, but just criticism of our methods of accomplishing our daily duties? The thought of having such a report signed, let us say, by Sir William Osler or by the Carnegie Commission, framed and hung in our outer offices, brings clearly to our minds the unpleasant realization that many of us would not measure up to a high standard of efficiency. The low standard of efficiency would be due, in the majority of instances, not to ignorance or faulty training but to carelessness and lack of a proper and systematic routine in method. It is a disagreeable thought but just among ourselves can we deny that frequently our methods of work are not those that we would wish to recommend to our younger brothers in the profession, nor are they the methods that we would wish employed by fellow practitioners if members of our families were to be the patients. That it is necessary, or at least advisable, to recognize our own deficiencies

^{*}Read at a meeting of the Tri-County Medical Society of South Jersey, at Woodbury, N. J., January 26th, 1915.

is well illustrated by the fact that although there were other factors in bringing about important and necessary changes in the methods of teaching in the medical colleges of this country, there was no one influence as strong as the just criticism in the report made by the Carnegie Commission.

It is much easier to endure criticism from one of our own profession than from outsiders, because we cannot but feel that the critic can hardly be free from the faults that he discloses because he knows so well

of their existence.

Let each of us ask himself the question, do my patients invariably receive from me what our former President, Mr. Roosevelt, was fond of calling "a square deal"? Do not many of us practice at times a system, long since discarded in the legitimate business world, of having more than one price for our services, and would not the adage of the auctioneer "Let the buyer beware" be applicable to our service when we are not at our professional best.

The grossly unfair part of the system where a physician gives better service for one fee than for another, or gives better service to the man or woman who has the education or intelligence to demand it, than to the ignorant, is that many patients are handicapped by their ignorance as to what they have a right to expect for the fee they

pay a doctor.

The prestige of being a member of an honorable profession, a proportion of whose members attempt to give full value for money received, carries many a practitioner along for a time when he may be doing most

careless and indifferent work.

A pleasing personality is certainly a desirable quality in a physician and is admired and envied by all who observe it and still the possession of such a winning personality sometimes induces its lucky possessor to neglect the common every day duties of his profession for the reason that he is able to hold his patients with pleasant speeches and with lamentably little effort in the way of scientific investigation and study.

When a patient visits the office of a physician or is visited by him he is fully aware that the State has authorized the physician to practice the art of healing, but he must often be puzzled by the lack of uniformity in the quality of the medical services rendered by different members of the profession.

Intimately connected with the question of how much service shall the patient receive for his fee is the inquiry, shall the amount of the fee determine the quality of the service?

Anyone who has been in a position to observe the tendencies of the relations of physicians and their patients and particularly to observe the mental attitude of the public toward physicians in general, cannot but have felt that during recent years there has been a tendency for the physician to find his place of honor in the affection of the public less secure and even to find himself displaced by osteopaths, mechanoneuro-therapists, chiropractors and christian scientists. That there are many natural causes for the change in attitude of the public toward the physician will not be questioned and will not be specifically mentioned this afternoon, but there is one cause for the change that each one of us is aware of and the remedy for which evil lies in our hands. The attitude of the general public toward the profession of medicine is usually very loyal until it wakes to the fact that it is being deceived or cheated in any way. Can anyone of us doubt that the loyalty of our patients is often sorely tried when we do not give them our best work? Who can doubt that if every physician in this State gave his very best services at all times to his patients that there would be a much less demand for the services of charlatans and deluded sectarians in medicine?

Has it not been our own carelessness in treatment and almost criminal neglect in failing to study scientifically the chronic diseases that has driven certain patients to those whose lack of knowledge or lack of honesty causes them to promise the patient quick relief?

The physical methods in common use by such irregular practitioners could be used with far greater benefit by physicians who would take the time and necessary study to perfect their acquaintance with the best methods of dealing with chronic disorders.

Because an individual possesses a license issued by the State that authorizes him to practice the art of healing, is all the greattr reason why he should not receive money under false pretense, but should give full value for the fee received.

For ten years it has been the privilege of the writer to be in charge of the medical dispensary of the Jefferson Medical College Hospital of Philadelphia, and in this position he has been brought in intimate contact with patients who have chronic disorders. To listen to the medical history of such patients makes one either very glad that he belongs to the same profession as did the attending physician or physicians of the patients or very sorry. The majority of the patients state that they have never had their clothing removed to have an examination made, which in reality means that they have never been examined. Many of these patients could have been saved months if not years of invalidism and, in certain of them, their lives might have been saved by a careful physical examination and suitable treatment. Often it has been possible to talk to the patient's physician and learn from him the reason why an examination was not made. The most common excuse for not having made a physical examination is that the physician did not feel able to examine the patient for as small a fee as competition compelled him to see the patient, for let us say, fifty cents for office calls, and the physician furnish the medicine. Another frequent excuse and a plausible one on the surface is that there is not time enough in the day to do the necessary work if one is to do it carefully. We can sympathize with the men who give both excuses, but are such excuses valid if carefully studied?

If we read Section 2 of Article 6 of the Principles of Medical Ethics of the American Medical Association we learn that "It is unprofessional for a physician to dispose of his services under conditions that make it impossible for him to render adequate service or which interfere with reasonable competition among physicians of the community. To do this is detrimental to the public and to the individual physician and lowers the dignity of the physician." One must also remember that the physician who sees his patient for a small fee often sees him frequently and, if such a patient is seen a number of times in a short period of time, he is paying a high price for inefficient service unless he receives a thorough examination, has his case properly diagnosed and receives proper treatment. The man who has not time to do good work is doing both himself and his patient an injustice. One does not see many new patients in a single day. It is the patients whom we have seen before that occupy the greater number of seats in our offices and it is well to remember that if they have once been carefully examined and the proper records made and preserved, the percentage of cases requiring complete re-examinations frequently is comparatively small.

What then is the duty of a medical man when he sees a patient for the first time? If he is to live up to the obligation of being

a member of an honorable profession he cannot do less than he would wish done if he were the patient and the patient the physician.

Most of us will agree that in order that a correct diagnosis should be made that a history of the patient's illness should be ascertained. We will make this our first escretained.

sential.

1. We should take a careful history of the patient on his first visit and make brief notes of all the essential features of his illness. This record should be carefully preserved in such a way that it is easily accessible, for it is of very real value and will save far more time and possibly be the means of bringing to the doctor more money than he can possibly lose by taking the time to make the record.

2. We should make a careful physical examination of the patient with the clothing of the chest entirely removed. We should carefully record the results of such an examination, both as to positive and negative findings. This record should include such essentials as the weight, the pulse rate, the temperature and, if possible, the results of the urine examination and blood

pressure estimation.

To some of us these examinations and the recording of the results of the same may seem ultra scientific and possibly impracticable in every day work. Some will think that this advice can only be accepted by the man who sees but few patients a day and charges them large fees. This attitude is a mistake, for every physician is compelled, whether he wishes to or not, to give a certain amount of time to his patient in order to satisfy him. Too often this time is spent in impressing the patient that something is being done and making him feel that he is receiving attention when in reality the patient is receiving very little that is helpful in his visit. What possible harm can there be in spending the time that must be occupied for the patient's benefit in doing such scientific acts as counting the pulse and recording its rate, taking and recording the temperature and weighing and recording the weight of the patient at each visit? It takes less than two minutes to accomplish all these things and with men a complete physical examination, including the time for dressing and undressing, can be made in ten minutes.

Perhaps there may be those who might think the time wasted that is spent in examining so many organs in which no pathological lesion will be found. To the patient

it is true that little benefit is derived, but great satisfaction if he can be told that his vital organs when carefully examined reveal a state of health, but to the physician great good is derived by such examinations as the only way to discover slight alterations from normal in the various organs is to have a very clear conception of what the organ should be in health. The examiner who examines only those patients who seem to him to require such an examination is doing himself an injustice. Unless he is a most unusual man he will be often deceived and will allow patients who badly require an examination and careful treatment. to leave his office without a correct diagnosis being made, while if he only makes an occasional routine examination he is not, as a rule, able to recognize anything but the most marked changes in organs and when such marked changes occur it is often too late to accomplish what we would wish with the therapeutic measures at our command. Is the man who has only one patient a week undressed for a complete examination likely to discover an early pulmonary lesion? Is he likely to correctly interpret tenderness in the right iliac fossa in a case of chronic indigestion? Does the presence of a thrill at the apex of the heart area make him take precautions for the future well being of a cardiac patient?

3. We should make routine urine ex-

aminations.

How much time and how much labor does a routine urine examination require?

Whether one has a Bunsen burner or an alcohol lamp it is very easy to add a little dilute acetic acid to a test tube of urine and by heating the upper portion recognize the albumen cloud by comparing the heated with the unheated portion of the urine. This examination requires but a moment of time and has potentially saved many a life from invalidism and possible death.

One minute suffices for the sugar test and then the urine can be set aside to sediment. The bottle the urine is brought in is sufficient container, as a rule, to obtain the sediment for microscopial examination, but a conical centrifuging glass can be bought for ten cents that will last a life time. No centrifuge is required unless one wishes a very rapid determination of the character of the sediment and the necessity of such hurried examinations is infrequent and when it does occur there are so many other ways of arriving at a diagnosis that the centrifuge is seldom necessary. The time necessary to make a microscopial examination of the

sediment of the urine is but a moment or two in the usual case. In special cases one may be compelled to fount for some time to discover blood cells or casts but in the usual case the urine proves either positive or negative to examination very quickly.

If one does not think physical examinations or urine examinations necessary as a routine measure, all he needs to do is to ask himself the question where do all our advanced nephritics come from? They state that they have been treated for anaemia, indigestion, headache and dizziness for months, and sometimes for longer periods, without their urine having been examined and without any warning as to the manner of living or being advised that liquor was not a good beverage for them.

Where do our chronic heart patients come from that have been treated for "liver trouble," for "indigestion," etc., etc., without having had a physical examination and without proper warning as to the danger of

over exertion?

Under whose care have the advanced tuberculous patients been who come to the hospitals with diagnoses of chronic bronchitis, chronic pleurisy, "heavy colds," stomach trouble, etc.? Who but the physicians who have been consulted in the past are accountable in certain instances for the patient's feeling of security that an illness "is nothing serious," when an examination reveals the fact that a chronic lesion has been allowed to continue for months undiscovered and unchecked?

It is scarcely necessary to mention the cases of irregular bleeding in women who have been treated medically without examination and who, too late, discover that malignant disease is advanced beyond the operative stage. What of the cases of visceral syphilis that are allowed to progress and die for need of an examination and the recognition of their perfectly curable conditions?

After all, in the every day practice of medicine it is, as it is in the business world, the man and the firm is most successful who has the best routine system and who sticks

most faithfully to it.

If we make it a part of our professional system to make complete and thorough physical examinations and record the same, it is a most important start toward a thorough understanding of the patient's illness and makes each succeeding examination not only easier but more valuable as we acquire skill in interpreting the variations from normal that we encounter.

To train our eyes, our hands and our ears to quickly and accurately do our bidding is essential and the only method to arrive at skill in diagnosis is to adopt a system of examination, practice it diligently and abandon it only when you have a better system to replace it. To test the reaction of the pupils of a patient, to glance at the pinnae of the ears for gouty tophi, to examine the teeth, the tonsils and the thyroid gland of every patient seen for the first time may seem a waste of time to certain men, but all these tests have proved most useful to every physician who has made such examinations routinely and has benefited scores of patients who might, without the use of these simple tests, have suffered many days before the true cause of the illness was discovered.

If we invariably examine the throat of every child we see, no matter what the symptoms may be, we will never overlook a case of diphtheria or follicular tonsilitis. If we always examine the skin of every child suffering with a febrile disorder we will never have the humiliation of having some brother practitioner recognize one of the exenthematae that we should have discovered.

If we never fail to examine the ear drums of young children who are ill with unexplained fever, we will save the child much unnecessary suffering and forestall just criticism of our professional methods. If we examine the urine of all young children microscopically, many a puzzling illness will be found to be a pyelitis or cystitis.

Are you and I in any measure responsible for any of the cases of chronic illnesses that are not properly diagnosed or treated?

Let us remember that being members of the medical profession imposes unusual responsibilities upon each one of us. We stand between the patients and death or what is far worse between the patient and chronic invalidism. Let us each one see to it that it is through no neglect on our part of the ordinary every day examinations that a patient drifts into an unrecognized pathological whirlpool.

2030 Chestnut Street.

To account for a chill and pyrexia in a postoperative or post-partum course exclude pneumonia and pyogenic infection before considering malaria. On the other hand, of course, malarial recrudescences are sometimes precipitated by operation and by parturition; and too, it is important to bear in mind that malarial seizures are occasionally marked by vomiting and localized pain and tenderness in the appendix region, easily leading to a mistaken diagnosis.—Amer. Jour. Surg.

HEREDITY AS INFLUENCED BY THE DEVELOPMENTAL PER-IODS OF LIFE.*

By Floyd M. Crandall, M. D., New York.

Some twenty years ago several cases occurred in my practice which drew my attention to the fact that hereditary tendencies appear at different periods of life, in fact, that a whole life-time may be required to unfold the inherited tendencies of an individual. For example, arterial sclerosis, which is often a family characteristic, appears late in life. For forty years or more there may be nothing about the individual to indicate that this inherent or inherited

tendency is going to develop.

One of the instances to which I have referred was that of two children in the same family, who furnished examples of what we know as difficult feeding cases. The first year was an almost daily struggle between indigestion on the one hand and marasmus on the other. One day the parents were expressing their surprise that their babies should have such weak digestion, a conditions from which neither of them suffered. The grandmother, who was present, said to her daughter, "You and your brother had the same trouble when you were babies. We thought we were never going to raise you, but you grew out of it, and I think your children will," and they did. At about that time I read a series of papers by Dr. Clouston, of Edinburgh, entitled, "The Neuroses of Development," and became much interested in the subject. I believe it has helped me materially in the management both of children and adults. In selecting a subject for this paper to-night, it occurred to me that perhaps one out of the usual order of society papers might be of interest and of some practical value.

It is not necessary to argue that the development period is a most important one in the life of an individual. It would be true even if the baby was simply a miniature man and expanded uniformly to reach adult size. This is far from the fact. A few organs, like the kidney, are small in size but perfect in development and functionate actively at birth. The brain is the most marked exception to this rule. The proportion of brain weight to body weight at birth is 1 to 8, in adult life 1 to 43. That

^{*}Read before the Bergen County Medical Society, January 12, 1915.

is, the baby's brain is five times larger than the adult's as compared to the body weight. It increases about 400 per cent during the first seven years. In contra-distinction to this is the important fact that the functional development of the cerebrum is almost nothing, while the cerebellum is excessive in size and the functions of animal life fully developed. The higher and controlling centers of the cerebrum are almost undeveloped.

In the dog and cat functional brain development is virtually attained within a year. In the human infant, years of education are required and functional development may continue for decades. "It is babyhood that has made man what he is, says John Fiske. This is a concise statement of a most important fact. To man, of all animals, has been granted the longest period of development, during which he is plastic and capable of being moulded. Not only is the developmental period actually the longest, but relatively it is far the longest. Even if a man attain his full span of three score and ten years, a full third of it must be devoted to development and preparation for the other two-thirds. The difference between man and the lower animals is admirably shown by Fiske in his illustration of the codfish. "Its acts are mostly concerned with the securing of food and the avoidance of danger. These acts are few in kind, and require for their performance a very slight intelligence. Its experiences are so much of a kind that practically they require only the monotonous repetition of the same few acts. So few are these acts, and so limited the nervous connections necessary to their proper performance, that they become established by heredity, and the young codfish enters upon its life capable of performing all of them about as well as its ancestors. It has little to learn by experience. It requires no education. It has no infancy." As we ascend in the scale of animal life, we reach a grade of intelligence beyond instinct which cannot be attained before birth. It must be largely attained by growth and education after birth. This period we call infancy. As we go upward in the scale, we find that the greater the intelligence and the more complete the life, the longer is the period of infancy. Coming to man we find that at least twenty-five years are necessary for the attainment of full physical and mental development. While this slow development is true of the physical man, it is doubly true of the mental man. There is a pe-

culiar asymmetry between his mental and physical development. At one year of age the infant possesses excessive brain substance but its capacity is not the one-hundredth part of what it will be after twenty years of education and experience. At ten vears the brain has attained almost its full size, and it is not uncommon to see a boy of that age who is able to wear his father's hat. But long years of education must follow before he can be entrusted with his father's business or professional affairs. And that power will not come by itself; it is not inborn. It must be developed. The brain has certain well-defined periods and stages of development. It is easy to understand, therefore, why so many different nervous diseases develop at different periods and why so many defects appear for the first time at intervals during the first twenty-five years of life. The relationship of many of these diseased conditions to the period of development is clear. A recognition of these periods and the diseases which are common to each is of value to the practitioner and may make clear to him conditions which would otherwise be obscure. As years pass and he sees one generation after another, he comes almost intuitively to look for certain conditions in the younger generation and readily meets them as they arrive. The fixed idea of the laity that an 'old family physician knows their constitutions, as they express it, is not without considerable basis.

Let us now consider briefly these various periods of development. The first is the embryonic. It is clear that inability of the embryo to complete all of the formative processes of the various organs must result in defects more or less radical. If the defects are not excessive, the child is born, but with more or less mental and physical deformity. Among these numerous conditions are hare-lip, cleft-palate, spina-bifida. talipes in its various forms, acephaly, and various types of congenital idiocy. birth a grave crisis occurs when it is to be determined whether development is sufficiently perfect to maintain independent

The several periods which I shall next mention, while not clearly defined and merge into each other, are, nevertheless. fairly distinctive. The first covers the first seven or eight years of life. This is the period of special sense education, motor co-ordination, and speech, I have already referred to the great size of brain. In this period two factors are important-functional development of the brain in its higher centers by education and motor co-ordination. At birth the child has virtually no co-ordinating powers. The hands and extremities move in an aimless manner. Even the eyes do not co-ordinate and the child is unable to focus them both on one object. The power of perfect co-ordination is very slow of attainment and is not fully reached until adult life. Its development, however, during the first seven years is rapid.

I would digress for a moment to emphasize the importance of training the co-ordinating power. It is one of the factors which makes for success in later life. It makes the difference between the manual laborer and the skilled artizan with his greater earning capacity. The ability to co-ordinate the muscles and make them obey one's will is a valuable asset. This ability also has its advantage beyond its mere mechanical value. Perfect muscle control and co-ordination means nerve and brain education which is not limited to the ability to perform mere mechanical feats. To my mind the greatest value of the kindergarten is its effect in training the child to co-ordinate and control its muscles and a necessary corollary, to bring about a certain amount of mental and intellectual control. Writing is also a valuable means of training muscles to co-ordinate. I have long felt that children should be better trained in the art of writing than they usually are. The acquiring of a firm and even handwriting means a muscular and mental discipline of great value. The training of children to orderliness is also an important factor in their education. The more nervous and neurotic they may be, the greater is the value of orderliness. Even the young runabout should be trained to keep its toys and playthings in reasonable order and a little later on its own personal belongings. It will do much to engender an orderly and normal mental state.

The pathological conditions incident to this stage of brain growth and muscular coordination are numerous. Among them are convulsions, night terrors, stammering, strabismus, hydrocephalus, liability to sudden rises in temperature, and numerous minor conditions dependent upon uncontrolled muscular and nervous activity.

The first year or year and a half is a time of great importance to all children. In some families it is particularly so, for the struggle to maintain independent existence is especially great. The babies are delicate and puny and the feeding prob-

lem is a difficult one. Get them through this period and the conditions all change for the better. Many a delicate baby develops into a strong and healthy child. In some families I have come to rely upon this characteristic and give a less gloomy prognosis than I otherwise would. I fully appreciate the importance of starting a baby right and keeping it right, but the first year is not always an index of a child's future, especially in some families.

The next period extends from seven or eight to thirteen or fourteen years, when muscular motion becomes more fully coordinated with emotion and the mental states. This is in a measure an extension of the preceding period and the pathological conditions are due largely to lack of The diseases incident to co-ordination. this period are, therefore, chorea, epilepsy, sonambulism, migraine and certain eye defects. During this period idiopathic epilepsy is prone to appear. Migraine may begin, the first symptoms being those of recurring headaches. While I am one of those who believe that rheumatism is the most potent exciting cause of chorea, it has never seemed to me that it is the only cause. In 1892, in a study based upon 119 cases of chorea, I drew the conclusion that rheumatism, fright, excitement, pregnancy, are not all-powerful agents for the production of the disease, but rather exciting causes in patients predisposed to it by hereditary influences. That belief is even stronger in me to-day.

The last period of development extends from thirteen or fourteen to twenty-five and is marked by the perfection of the reproductive organs with many trophic, motor, emotional and moral developments. have now hysteria, epilepsy, eccentricity and many forms of emotional willfulness and moral perversions, sometimes attaining the gravity of dementia precox. In some families the tuberculous tendency shows itself at this period and particular caution must be exercised. This tuberculous tendency, which is such a grave menace to certain families, often seems to have expended itself by twenty-five or thirty. If the individual with such heredity can be safely carried past that period the tendency becomes very slight.

At twenty-five we have virtually reached the end of the developmental period. The individual then settles to a fixed course which may continue for twenty, twentyfive, or even thirty years with comparatively little change. During this time the first developments of hereditary tendencies are at the minimum with the possible exception of the menopause, when inherited or family tendencies are apt to show themselves. This period having passed, we reach the period of later life and old age and are apt to again find evidences of inherited tendencies, such as arterial degeneration, chronic nephritis, diseases of the liver, or cataract. This period, however, is not within the scope of this paper and is too large a field to enter upon.

In studying heredity we should not forget that there are elements of good heredity as well as bad, and they are just as strong --otherwise the race would have been destoyed long ago. The bad elements, such as tendencies to disease or mental disorder, are so tangible that we sometimes come to feel that heredity means only the inheritance of bad tendencies. The bad tendency inherited from one patient is often neutralized by the good tendency of the other; and conditions we might expect do not appear. It is rare, however, that the offspring shows an even balance of inheritance from both parents. As a rule the child inherits largely from one parent, with frequently very little modification from the other. Thus we frequently see radically different types among brothers and sisters, each with the tendencies peculiar to that type.

It is certainly a fact that pathological and abnormal tendencies tend more commonly to diminish than to increase. There is a strong tendency to revert to type and not to perpetuate extremes. Nature seems to be constantly striving to maintain averages and preserve types. Mixed breeds, both animal and vegetable, must be constantly fostered, or they will either die out or revert to the dominant type from which they were derived. Anomalies and exceptions frequently appear, but they are not usually long perpetuated. Talent is often transinitted from generation to generation; not so with genius. A great genius is an exception, an anomaly, and is rarely reproduced in the same family, for the tendency is toward the normal or average. Hence under judicious care the various inherited abnormal conditions may usually be improved. In other words, nature usually, though not always, works with the doctor and aids him in his attempts to minimize abnormal tendencies, and bring the growing child to the normal type.

Heredity is a potent predisposing cause in nearly all the neuroses common to the

period of development. In some instances it is the only cause, neurotic conditions being invariable as the periods follow each other. In other cases heredity is only a predisposing cause, some active exciting cause being necessary to waken a disease into activity. Possibilities of prevention are many, and the physician, especially one who knows the preceding generations, may forstall certain conditions in his little patients. In spite of all that can be done, however, many must suffer. Their fate was sealed before birth and no skill can overcome the defects they have inherited. Nevertheless, something can be done for all and some can be saved entirely.

No better advice has ever been formulated than that given by Dr. Clouston: "Build up the bone and fat and muscle, especially the fat during the periods of growth and development. Make fresh air, the breath of life to the young. Develop lower centers rather than higher ones, when there is bad heredity. Don't give too much flesh and nitrogenous food during growth and adolescence, as being special stimulants to the higher cortex, and to the too early development and dominance of the reproductive functions and sexual nisus. Avoid alcohol and nervine stimulants absolutely, if possible. Do not cultivate, but rather restrain, the imaginative and artistic faculties and sensitivenesses and the idealisms generally, in cases when such tend to appear too early and too keenly. They will be rooted on a better brain and body basis if they come later. Cultivate and insist on orderliness and method in all things. The weakly neurotics are always disorderly, unbusinesslike, and unsystematic. Fatness, self-control, and orderliness are the most important qualities for them to aim at."

SURGICAL TREATMENT OF GASTRIC AND DUODENAL ULCER.*

By Louis Franklin, M. D., Jersey City, N. J.

In reviewing the stomach cases that have come to operation at the Fairmount Sanatorium during the past year, I find fifteen cases of ulcer both gastric and duodenal. A critical analysis of the histories, pathological finding and the operative procedures shows that the surgery of the stomach has advanced to the stage where each case is

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treated as an individuality and a definite procedure instituted to meet the condition found.

The operation to be performed in any individual case can be decided only after the abdomen is opened. Gastro-jejunostomy as a panacea for all gastric difficulties has justly passed into oblivion, for the reason that we now clearly recognize the indications for drainage of the stomach. The experimental work of Cannon has definitely shown that in spite of a gastro-jejunostomy in the presence of a patient pylorus, food will still continue to traverse by the normal outlet.

Although a patent pylorus would seem to be a positive contra-indication to a gastro-jejunostomy, clinically we find that in a majority of cases of either gastric or duodenal ulcer the patients are cured. This is accomplished by the intermingling of the alkaline duodenal secretions with the acid gastric contents. This view at the present time is disputed ground, authorities of equal standing differ as to functional value of a stoma with a patent pylorus, Von Eiselberg maintaining that the pylorus must be occluded in order to get the best results, while Hartmann, of France, and Patterson, of England, claim that pyloric exclusion is not necessary. The fact that they all obtain good results is evidence that exclusion is not necessary in all cases. If you consider the stomach as consisting of two separate and distinct organs, the fundus as a reservoir and the pyloric region as the motor, and place the gastro-enterostomy opening as near the pylorus as possible, whether anterior or posterior, food will transverse by both the pylorus and the stoma with relief to the patient.

The question as to whether the operation of gastro-enterostomy is mechanical or physiological is again a subject of controversy, Patterson and the Mayos maintain that it is physiological, while an authority of the eminence of Moynihan states that it is pure-

ly mechanical.

The type of procedure to be instituted depends on the location and the extent of the ulcer, for example ulcers on the lesser curvature of the stomach are best treated by excision with or without a gastro-enterostomy provided that in the resection the lumen of the stomach is not too far encroached upon, whereas in contra-distinction to this in cases of ulcer at the pylorus with obstruction gastro-enterostomy is indicated and meets all requirements for a cure.

In cases of ulcers on the posterior wall

of the stomach adherent to the pancreas simple drainage is a failure, the best procedure here being either a trans-gastric suture or excision of the ulcer. We have had two such cases, both had perforated and become adherent to the pancreas. I will report those cases more fully later on. A duodenal ulcer on the anterior wall requires either excision or suture with or without a gastro-jejunostomy.

In view of the fact that carcinoma is so frequent a sequence of ulcer, one must not feel satisfied in simply performing a palliative measure and leaving the predisposing cause to malignant disease. For this reason in all cases where the ulcer can be excised without further jeopardizing the patient, excision should be performed. The mortality of gastro-enterostomy is two per cent.; by excising the ulcer you increase the mortality to five per cent., but this is primarily operative mortality and does not take into consideration cases that would later develop malignant degeneration after gastro-enterostomy.

A valuable procedure to be kept in mind in treating a desperate case is jejunostomy. The indication for jejunostomy is one not so much dependent upon the lesion as upon the condition of the patient. In cases of inanition, simple jejunostomy in order to give immediate nourishment is often a life-saving procedure followed later by the secondary operation. In cases where a radical procedure has been performed and nourishment is needed soon after operation, jejunostomy is a most valuable method.

The following is a very brief resume of the diagnosis, operative findings and the operation performed with the result in eight of the cases. I will not report the entire number for the reason that these exemplify

the methods employed.

Case I. Male, age 46, history of four years standing. Intermittent attacks of pain three hours after meals, the periods lasting three to four weeks. Lately vomiting large quantities containing food eaten the day before. Radiographic examination, six hours residue and hypermotility. Operative findings, pyloric obstruction, a duodenal ulcer producing pyloric stenosis for which we performed a post gastro-enterostemy. Result—relief of symptoms.

Case 2. Male, age 39, one year of gastric distress first seen when he had perforated twelve hours previously. We found a perforation of an ulcer on the anterior surface of the second portion of the duodenum. This was closed with sutures

and an omental graft. The suturing of the duodenum did not sufficiently occlude the lumen to necessitate a gastro-enterostomy. Stormy convalescence for two days followed by an uneventful recovery.

Case 3. Female, age 47, four years history of severe paroxysmal attacks of pain four hours after eating, sometimes relieved by the taking of food. Between the attacks constant pressure with gaseous eructations. Operative findings, ulcer on the anterior surface of the duodenum and gallstones. Post gastro-enterostomy, unfolding of ulcer and cholecystostomy. Result—Four months after operation, no symptoms.

Case 4. Male, 22, history of six years of pain for one hour—three hours after meals. Vomiting and tarry stools. Fluroscopic examination, six hours residue and hypermotility. Op. ulcer on the lesser curvature, resection of the ulcer and post gastro-enterostomy. Result—Relief of

symptoms.

Case 5. Male, age 44, three years history of pain in the epigastrium and vomiting. At operation we found an ulcer of the lesser curvature which had undergone malignant degeneration. An anterior gastro-enterostomy. Partial relief of his symptoms, death in three months.

Case 6. Male, age 47, 30 years history of pain and general dyspeptic symptoms with remissions. At operation an ulcer about the size of a silver dollar firmly adherent to pancreas. Stomach opened, ulcer base scarified and sutured and the stomach closed. Result—free from symptoms.

Case 7. Male, age 33, history of ten years severe pain one hour after eating. Vomiting of blood and pyrosis. Operation, ulcer of lesser curvature. Resection of ulcer but vomiting increased. Second operation post gastro-enterostomy. Result—re-

lief of symptoms.

Case 8. Male, age 27, history of six years attacks of pain severe enough to require morphine. Vomiting during attacks. Fluroscopic examination. Deformity of duodenal cap. Six hour residue and hypermotility. At operation ulcer on post wall of duodenum with periduodenitis. Gastric - enterostomy and appendectomy. Had some distress for one month after operation. Result—entire relief from symptoms.

Open abscesses in the thirth early, and keen the part at rest. Once the our spreads among the muscles, drainage is difficult. Pur burrows along the vessels and along the intermuscular septa.—Bernays' Golden Rules of Surgery.

GENITO-URINARY DIAGNOSIS.*

By Stanley R. Woodruff, M. D., Bayonne, N. J.

We are almost making ourselves think that we have brought the diagnosis of Genito-Urinary diseases down to the most exact point of any of the medical branches.

The great effort of medical men in the past few years has been toward finer method of diagnosis. Percussion—Auscultation, Palpation, etc., all have their places, but our great endeavor has been to sec things. We go over a chest by all the different methods and say we think there is fluid in it—but how do we give it the final test—by putting in a needle and seeing for ourselves and the material behind the chest wall. The surgeon carefully and knowingly feels all over the abdomen and says, "there is some kind of a tumor here, but we must open the abdomen so that we can see it, and then I will let you know what it is."

With the present satisfactory cystoscope and the straight cystourethroscope as perfected by Dr. J. F. McCarthy, of New York, which is used with a constant flow of water, thus holding at arms-length as it were—the posterior urethra for your inspection—there is very little that can get away from one who is familiar with the normal and pathological conditions of the bladder and posterior urethra. The anterior urethra is very easily looked over by most any of the urethroscopes on the market; but alas, what disappointments have come from the use of the urethroscope. Most all physicians have at some time in their life purchased an anterior urethroscope from some persuasive agent. They have used them a few times, and if their lamps have not all burned out within a few days, they have been very much chagrined not to find those "little spots" so-called, of granulation tissue which they are going to touch up with silver nitrate and cure all those old chronic gonorrheas. Wasn't it with a great deal of disappointment that you did not find them? Well, no wonder you didn't—because they are not there. The discharge of a chronic urethritis does not come from the anterior urethra. The anterior urethroscope as an instrument of utility has almost been relegated to the ash heap.

The posterior urethroscopes have a much greater degree of applicability and use. Why? Because by far the greater num-

ber of pathological conditions in the urethra are found in its posterior portion. That little stretch of prostatic urethra is the central switch board of man's nervous telephone system. On its posterior surface is found the veru montanum—of late years only—receiving its just attention and study as a causative factor in many of the nervous ills of man. Dilated prostatic ducts, which are the remains of prostatic abscesses, large or small, that have ruptured into the posterior urethra, papillomata, cysts, vesicles are all seen very readily by the irrigating cysto-urethroscope. amount of intrusion of the prostate—either posterior or laterally, can be readily calculated with the eye, and the necessity of operation determined; for one must remember that rectal touch shows nothing as regards the amount of prostatic intrusion into the bladder. Of special utility is this instrument in examining the posterior urethra in cases of tuberculous disease of the testicle, epididymus, or vas,—as pus can oftentimes be seen escaping from the orifices of the ejaculatory ducts, and oedema and injection may be noticed. Irregularities, if they exist, can be noticed in either of the sphincters and the beak of the instrument can be lowered into the fossa of the bulb, and its contents noted. If you were to ask me what the membranous portion of the urethra in man was good for I would say-strictures. For here we find the large majority of these special pathological changes.

In examination of the bladder the water medium cystoscope is almost universally used at present. It was first perfected by Nitze in 1876. Plain sterile water makes the best medium. The instrument is generally inserted first—lubricated with sterile glycerin—as this washes off easily, and does not blur the sight, and the contents of the bladder are noted.

Here is the point where experience counts—to discriminate between normal and pathological conditions as found. We may have papillomata or other tumors—as carcinoma to differentiate. If we can not do this readily by the eye, we can insert a pair of grasping forceps and bite off a small amount for examination under the microscope. Oedema, injection, or ulceration can be readily detected. Bullous oedema is a name given to a special kind of oedema seen in the bladder. It has the appearance of a street paved with Belgian blocks. This peculiar oedema is of a particular significance, and generally means

either tuberculosis in the genito-urinary tract somewhere, or a malignant neoplasm in or near the bladder. Trabeculation of the bladder wall means simply back pressure. It means there is constriction somewhere, and that the bladder wall has reduplicated its musculature in its effort to overcome it. It is not truly pathological.

The orifices of the ureters must be stud-First they must be found—not always an easy procedure. Like the Frenchman's flea-first you must catch him. The urethral mouths have a regular functioning process of their own to go through. About every thirty seconds they expand the urine is blown out by ureteral peristalsis, and then they contract together again. Each ureter working independently of the other. If the ureteral mouths cannot be found they can always be demonstrated by injecting some dye, as indigo or carmine, subcutaneously and watching for the blue color as it is blown from them. By watching the orifices of the ureters we can oftentimes see pus, blood, or debris coming down from a diseased kidney, or they may remain permanently dilated due to swelling or some pathological change. Oftentimes we can determine that a kidney is not functionating at all by seeing no swirl of urine coming out.

The presence of diverticula can be noted—not readily though—for large diverticula may have very small openings in the bladder, and these openings be between or behind trabeculating bands. Stone in the bladder is rather easily seen, and of course easy to diagnose, though sometimes they may lie down behind an enlarged posterior lobe of the prostate, and be out of sight if an indirect cystoscope is not used.

Ulcerations of the bladder may be simple, tuberculous or even syphilitic. The tuberculous are the most important, and generally surround the ureteral orifices as they are implanted by the tuberculous urine as it descends from the kidneys. For bladder tuberculosis is never primary but is always presented to it by the kidneys above, or from an infected testicle, or vas below.

Catheterization of the ureters is one of the most important steps in genito-urinary diagnosis. It was first done, with any degree of success, with the water cystoscope by Brenner in 1895. Catheterization of the ureter shows us first—that a stricture of the ureter may exist in that we are unable to pass it only a certain distance. A hydronephrosis or hydroureter may be shown when the urine runs out the catheter in a stream, to the extent of several ounces instead of the regulation drip and inter-

val of the normal kidney.

Ureteral catheterization may be impossible because of kinks or constrictions of the ureter, from pressure from without by some growth, by distortion of the bladder by oedema, or by some inflammatory influence on its external surface—from deep injection of its blood vessels rendering it impossible to find the ureteral orifices.

Be careful of albumen in the urine, as I have on three occasions by ureteral catheterization diagnosed and successfully treated pyelitis where the patient had been under

treatment for a chronic nephritis.

The X-ray catheter is of interest to mark out any abnormal curves or deviations in the course of the ureter, but of special use to absolutely identify stones as being in the ureter or the kidney pelvis. A radiogram may show a shadow which we *think* is a stone, but by passing an X-ray catheter and taking another picture we can demonstrate clearly whether the stone is inside the genito-urinary tract or not.

The great utility of the ureteral catheter is its diagnostic use in kidney disease—especially where we wish to determine which kidney, if only one, is at fault. Supposing for instance, that a patient's urine has been found to contain pus, or blood, we must start at once to locate the lesion. In the case of pus, be very sure that it does not enter the urine by contamination. I have been called upon any number of times to trace a pyuria and found it to be due to infection from utensils, or from the patient's person, especially by leucorrhoeal discharges in women. By proper aseptic catheterization no pus could be found.

Granted, however, that we do find pus or blood in the urine under aseptic and careful precautions, how do we go about it to track it down? First a careful urethroscopy and cystoscopy should be done to look for any ulcers, oedema, villous spots, or tumors of any kind, or we may see it exuding from the prostatic ducts. If none are found we turn to the ureters. Very rarely pus and blood can be seen escaping from the ureteral orifices. If it can be seen of course we are nearly certain, but both ureters should be catheterized and the segregated urines examined, microscopically and by cultures.

The colon bacillus is the one most frequently found in pus. The tubercle bacillus is very hard to find, especially when the

disease is young, as the tubercle bacillus is liberated generally only when the disease is far advanced. The gonococcus as a supra-urethral infection is rather rare, and gonococci are not very frequently found.

The colon bacillus is almost always a descending infection from the kidney in man, although I have seen one well marked case of ascending bladder infection following a urethritis of pure culture colon bacillus. In women the ascending infection is often the case. In women, too, we have the cystocele crystitis, due to a condition of non-drainage of the bladder very similar to that seen in the enlarged prostate of the male.

If tubercle bacilli are not found we must rely on the other symptoms which are frequency of urination, especially nocturnal frequency, occasional haematuria, and the appearance of the urine as a whole. Tuberculous urine is dull and listless. It has lost all its brilliancy. It will not sparkle and seems to have no life, and the patient usually passes large amounts of it. Cases of albuminuria particularly should be thoroughly examined, as I have seen such cases classed as a nephritis, and treated with a restricted diet when they were really tuberculous. The urine in all cases of suspected urinary disease should be examined by an expert pathologist. I never trust myself to make a microscopical or chemical examination of urine, as there is so much that will get by that you wont see it at all.

Pus in the urine that is classed by the Laboratory as being bacteria-free is probably tubercular. In very obscure cases we must resort to animal inoculation, but often this is too lengthy a wait—consuming six weeks or more. Pus in the urine may of course be due to infection as an accompaniment to stones, tumors or hydatids.

In case of blood from the ureters we must go through the several examinations to prove its source, stone, chronic or acute nephritis, tumors, tuberculosis, hydronephrosis or hydroureter, bodily dyscrasias -certain specific illness—all these call for the highest type of thought and endeavor in diagnosis, helped by our two best friends, the X-ray man and the pathologist. Right here I might speak of the so-called essential haematuria — essential haematuria is not a special disease by itself. It is plain, ordinary undiagnosed haematuria. Dr. Squire of N. Y. has lately classified it as arterio-sclerosis-hemorrhagica, which is probably its true name, for all the cases that he operated on and removed the kidney showed marked arterio-sclerosis of the blood vessels with hemorrhagic spots

throughout the kidney cortex.

Another diagnostic method I wish to bring to your notice is pyelography or the injection of some X-ray positive substance into the kidney pelvis or ureter, as a means of determining its position, and outline. Pyelography has lately fallen somewhat into disrepute and been severely criticised by some, owing to several deaths and other mishaps that have occurred to some of its users. Pyelography is a safe, sane and valuable adjuvant to our diagnostic methods

if used properly.

Collargol is the only substace that really is good for taking skiagrams. The suspension of silver iodide in emulsion of quince seed has been recommended by Howard A. Kelly. It is thick, viscid and must be injected by a syringe. It is very hard to force it into the kidney pelvis, and will never become popular. Collargol when used in sterile, thoroughly dissolved solution—when injected carefully by the gravity method and when used in suitable cases—will never cause any trouble. have injected it in many cases and have never had a mishap. Those who report fatal cases will somewhere in their statement show a small error that has caused all the trouble.

Its the little small things in pyelography that count. Buerger' reports a case of multiple abscesses of the kidney after Collargol was carefully injected with a syringe. Krotoszyner², another. Roessle⁸ Krotoszyner² report deaths from apparantly acute argyria. Crowell*, Hagner*, Furnis*, Carlton⁵, all report fatal cases. I have looked over the entire literature of deaths from injection of Collargol and as far as I can find every case was carefully injected with a piston syringe. Eisendrath recently made an exhaustive series of experiments on dogs by injecting the kidney pelvis with collargol in varying quantities, and varying pressures all accurately noted. His final words are as follows: "Collargol will not injure either the healthy or diseased kidney if care be taken not to inject more than the renal pelvis will hold. If this limit is exceeded, or the fluid is injected with too much force, serious results may follow as —(1) infarcts in the kidney or perirenal tissue: (2) infarcts or hemorrhages into the liver or spleen; (3) various lung changes, such as embolic plugging of the vessels, hemorrhagic infarcts, acute pulmonary oedema or pneumonia.

Braasch of the Mayo clinic said, in discussing this report of Eisendrath's, that in over 2000 clinical cases that he employed pyelography he was not aware of causing any kidney damage. Over-pressure or over-distention is the primary cause of trouble, except in those cases where some anatomical condition prevents the reflow of the injected fluid. Here we may have some trouble, but these cases are always surgical ones and must be operated.

Pyelography should not be used indiscriminately but only on those cases in which it is indicated, and where we are unable to make a diagnosis by any other means. We should be very careful in injecting any case where we suspect there is an open spot at any place in the mucous membrane of

the kidney or ureter.

Personally I always use the sterile, ready prepared solution of collargol made up by the manufacturers themselves, and styled by them Skiargan. It is always ready and always safe. I never use anything but the gravity method and a very simple apparatus at that-being only an ordinary glass syringe minus the plunger, and having a small rubber tubing with a nozzle and stopcock to connect it to the ureteral catheter. I raise the barrel about three feet above the patient till the collargol starts running, and then lower it to about six inches to a foot—depending on the corpulency of the patient. In no other way can we show displacements, anomalies, distentions and contractions of the kidney pelvis and ureter as by this method, hydronephrosis and hydroureter especially.

The final method of genito-urinary diagnosis that I wish to speak of is kidney functionating. This subject has been worked over very closely for the past few years with varying degrees of success, and varying conclusions by the workers. With the exception of Thomas, of Philadelphia, who still sticks to indigo-carmine, phenolsulphone-phthalein has become the substance most generally used in testing the func-

tionating power of the kidneys.

It seemed from the original article of Rowntree and Geraghty in 1909 that the true test of renal function was at last a settled fact. But though in the main their work still stands as the basis of all functionating trials, yet it has been found that it cannot always be relied on wholly to the exclusion of other general and clinical data.

Can the test by phenolsulphone-phthalein be relied on absolutely to give the correct functionating power of the kidney? No. Why? The automobile salesman will tell you of the wonderful flexibility of his engine. It is this same flexibility of the kidney that often times renders the thalein test worthless. Phenolsulphone-phthalein as a kidney indicator is especially a good one for the reason that almost every minute particle of it is excreted by that organ. It can be given in sterile solution either subcutaneously, intramuscularly, or intravenously and makes its appearance in the urine in a varying time depending on its method of administration.

Generally in about ten minutes after intramuscular injection, the amount of urine for two successive hours is collected, sod. hydroxide solution is added, water then is mixed up to 1000 c.c. and the percentage of excretion for each hour is checked up with a colorimeter. The normal percentage that should come through in two hours is estimated at about 85%. A normal kidney should of course secrete more in the first hour than in the second, and a delayed secretion is considered pathological

As a prognostic method in prostatectomy I believe the thalein test is practically useless. Because here the kidneys are choked off, as it were, by bad drainage, and are unable to give any percentage of their normal secretion. I have seen several cases where the thalein percentage was less than ten which gave good end results after operation.

Tracy, of Philadelphia, tried out a series of tests on 300 operated cases in general surgery. He reports the first 100. In this series all those with a small percentage made good recoveries, while several with high thalein outputs—one even as high as $87\frac{1}{2}\%$ died shortly with uraemia. There is, however, a class of cases in which the thalein test is of the utmost value, and that is where we find it necessary to differentiate between the two kidneys.

By ureteral catheterization we can collect the separate urines, and a marked decrease of dye % on one side gives us the knowledge which side is diseasesd. This difference, however, must be marked to be of sufficient diagnostic value. We are thus aided greatly in diagnosing which side is at fault in lithiasis, hydronephrosis, tuberculosis, renal tumor, atrophic kidney and renal haematuria.

In a recent case of large floating kidney where nephrectomy was under consideration by the surgeon, I found the opposite kidney to be atrophic and secreting only about 2%, while the floating kidney was doing almost 50%. It is, in my opinion, in such classes of cases that the thalein test is very valuable indeed. But in all cases in which the question of operation is raised, too much value must not be put on the result of the functionating test. We should consider it as an aid, especially in diagnosis and not in prognosis and should place most of our dependence on clinical data and the general appearance of the patient, and on our old fashioned fundamental principles of surgery.

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COMPARATIVE VALUE OF SYSTOLIC PRESSURE AND CARDIO-VASCULAR LOAD AND THE SIGNIFICANCE OF CARDIO-VASCULAR LOAD IN PNEUMONIA AND CHRONIC MYOCARDITIS.*

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After a number of years of observation of blood-pressure, we have arrived at a point where some of us doubt whether it is the great aid in clinical medicine that we had expected in the beginning of its application. This feeling is even extending to the laity, and I believe many an individual has been made very unhappy by being told that his blood-pressure was too high and that he or she immediately expected something to happen.

We must, therefore, hesitate and consider what is wrong. For my own part, I am fully convinced that we have been making our deductions and prognoses upon incomplete findings. Too much emphasis has been laid upon systolic pressure, which simply represents the maximum thrust of the contracting heart, and the relation to the size and elasticity of the arterial wall has been almost entirely ignored. I can but compare it to a steam plant which, when installed and is tested out, is found

^{*}Read before the Bergen County Medical Society, November 10, 1914.

to be most efficient under a pressure of five pounds. This, of course, would represent the normal in this particular installation. In the second plant, the efficiency is obtained at a maximum pressure of ten pounds, and while this is much higher, it is entirely normal for the efficiency of circulation in the second plant, and while more expensive, the higher pressure is necessary for proper circulation.

It seems to me that it is therefore very difficult to say just what a normal systolic pressure should be in millimeters, until we know the elements necessary to give a good circulating efficiency. If this is obtained with a low pressure, say 120, it is of course economical, but if 180 is necessary, it must also be considered normal, and although more extravagant in expenditure, the efficiency is more important than econ-

omy.

Our premises, therefore, have been wrong and we have been endeavoring to reduce pressures in many instances because they were high, where, in fact, they were entirely normal, as they represented a potential energy necessary to maintain proper circulatory balance and the reduction induced by our medication decreased the efficiency rather than increased it. It is this very reason that accounts for the great comfort enjoyed by some patients who, to our knowledge, have been running a high blood-pressure for a long time and which has excited in our mind curiosity as to how this could be consistent with what we generally understand should be a normal blood-pressure. I would not have you understand from this that I believe in high blood-pressure or advocate it, but only the fact that high systolic pressure may be normal and necessary, even if expensive, realizing at the same time that the higher the pressure, the smaller the margin of safety and the greater the danger of accidents.

With this fact in mind, we must then consider how the other elements that are necessary and which determine proper circulation can be estimated in a way that is practical for clinical application. We have usually thought of it from the side of cardiac power, but in addition to this we must take into consideration the amount of power necessary to maintain the circulation over and above that required to open the aortic valves and precipitate the blood mass into the arteries, also the condition of the arterial walls. All of these elements enter into the problem, but under

normal conditions there is a point of circulatory efficiency and the study of the deviation from this point of efficiency is the one which I desire to emphasize.

Before arriving at a pathological basis, we must determine what blood-pressure is necessary for each individual case. In estimating this balance, we must consider the thrust of the heart as represented by the systolic pressure, the diastolic pressure, or recoil, as representing the vascular element, the pulse pressure as representing also a myocardial element or the amount of power over and above the systolic pressure necessary to maintain a proper circulation. These three elements are the es-

sential ones in this consideration.

But before going into the study of this, I will review briefly the points necessary to be considered in order to apply the cardio-vascular load calculations in chronic cases. The plan which has been followed in my observations were suggested by Dr. W. J. Stone, of Toledo, in a paper about one year ago. In regard to the type of manometer, I think it is a matter of indifference whether a spring diaphragm or a mercury manometer is used, provided that if it is the spring diaphragm, it be compared about once a week with a simple mercury manometer, so that any deviations might be corrected. All observations should be taken with the auscultatory method, as this undoubtedly is more accurate than by palpation. All diastolic pressures have been recorded at the fourth phase of the diastolic sound, that is, at that time in diastole where, having a sharp accentuation, there is a sudden decrease in the intensity of the sound. It is necessary to emphasize this point, because of the differences of opinion which have arisen owing to the fact that under certain pathological conditions, especially in the arteriosclerosis and aortic diseases, diastolic sound may be carried all the way to zero and this, of course, does not represent the diastolic pressure.

In applying this method we have to consider first the systolic pressure from which we subtract the diastolic pressure, which will give the pulse pressure, the significance of these three elements' having been enumerated above. We then divide the pulse pressure by the diastolic pressure, an example of which I give as follows:

Systolic 180 Diastolic 120

(120) 60 (.50)

Under normal conditions, the relation

which exists between systolic pressure and diastolic pressure should give you a pulse pressure equal to one-half the diastolic pressure. This, when divided by the diastolic, would give you .50. With this equation in mind as a normal basis, all comparisons have been made and registered as over-loads and under-loads. For instance, with

For want of a better term this element has been called the "heart load," and it is the study of changes and the deductions of the same, to which I would especially call your attention in two conditions, chronic myocarditis associated with arteriosclerosis and lobar pneumonia.

Before taking up the presentation of my myocardial observations, I would refer to the point taken up at the beginning of the article, that is, the question of determining normal systolic pressure and endeavor to illustrate it by two examples as follows:

One patient presents a systolic pressure of 180, diastolic of 120, would give a pulse pressure of 60 and a heart load of .50 would be entirely normal. A second patient, with a systolic pressure of 180, diastolic 100, pulse pressure 80, a heart load of 80, or an over-load of .30. In the first instance, therefore, according to our theories, the cardio-vascular balance was perfect and a blood-pressure of 180 was necessary and normal for the maintenance of this balance. In the second instance, a systolic pressure of 180 represented an over-load of 30 and was pathological, and could with benefit to the patient be decreased to such a point that the systolic and diastolic equalized and recorded a balance.

This will illustrate the importance of estimating this balance before endeavoring to reduce blood-pressure simply because it is high, as in the first instance any reduction in pressure should have been objectionable from the standpoint of the patient and the circulatory balance rendered inefficient, whereas in the second patient, a reduction of blood-pressure could be made with great benefit to the individual.

It is this phase of blood pressure in which we have all seen many times the effort to reduce blood-pressure simply because it is high, and I have often seen signs of decompensation accentuated by the successful reduction of blood-pressure, when,

as a matter of fact, if a careful study had been made of the condition, it would have been better for the patient if the pressure, both systolic and diastolic, had been raised. Therefore, before applying any therapeutic measure, it would seem advisable to determine the cardio-vascular balance and study which element in the balance is at fault and apply the therapeutic measure directly to restoring cardiac balance. If the pressure is high, and high pressure is necessary, it must be provided in order to insure efficiency.

There are many interesting observations in myocarditis, such as the marked underloads which we see in the toxic luetic myocardial cases, as illustrated in the following case, the deduction which we could make being that relatively the diastolic pressure was too high for the systolic, the deficiency being due directly to the degeneration taking place in the myocardial wall and the resulting endarteritis of the arteries, and the heart being unable to supply the potential energy necessary to produce enough, force to give a systolic pressure of approximately 150 which would be necessary to maintain balance.

But the one in which I am most interested and desire to present for your consideration, is the type of chronic myocarditis which we see in old and elderly people, associated with arteriosclerosis. We have studied many of these patients over long periods of time and it has been very suggestive from the prognostic standpoint, that chronic myocarditis, when accompanied by rapid changes in cardiac load, from underload to over-load, sometimes from one to the other during the same day, especially while in bed and under no great physical strain, provide us with cases in which sudden death will frequently result. Whereas, invocarditis with a constant, fixed load, under-load or over-load, will go on indefinitely without accident, unless induced by unusual conditions.

This fact has suggested to my mind the possibility that it could be utilized in the selection of cases for operative procedure. In other words, if we find a chronic myocarditis with marked over-loads and underloads, representing sudden changes of cardio-vascular pressure, we must consider the possibility of these sudden strains producing an acute dilatation accompanied by sudden death and they therefore suggest a bad risk from an operative standpoint, especially owing to the rapid rise of blood-pressure induced by the primary

anaesthesia. This observation we are endeavoring to prove, and it is suggested, hoping that, you might consider it of enough importance to keep it in mind in the observation of chronic myocarditis, as we have all experienced the difficulty of explaining in our own minds why, in two patients of about the same age and the same physical condition, when subjected to operation, one should suddenly succumb while on the operating table, and the other should pass through it without any evident disturbance or cardiac distress. If our theory in this matter is correct, it would be of great aid in increasing the safety of these patients.

ACUTE LOBAR PNEUMONIA

Our experience in observing many cases of lobar pneumonia has suggested many interesting conditions which I shall briefly outline. I do not mean that by applying the question of cardio-vascular balance, it is possible to ignore the other methods of observation relating to prognosis, but if properly applied it is useful in confirming what we are able to determine by clinical examinations of the blood, physical signs, etc.

In a mild, favorable case of pneumonia, the cardio-vascular balance will be maintained at or near balance during the entire course of the disease with the exception of just before crisis, when a sharp disturbance is noted for a few hours. The relationship between the systolic and diastolic pressure is maintained as well as the cardiovascular balance and pulse pressure. In other words, this is what we consider a normal pneumonia, and it requires, as a rule, no additional treatment, as far as the cardio-vascuiar system is concerned. As the disease progresses, any deviation from the normal standard is noted and the necessary treatment applied. The two most distinguishing features of variation are seen in the cases of high blood-pressure with marked over-loads from excessive contraction of the superficial vessels, and in this type the danger, of course, is that of acute cardiac dilatation. This class of cases presents a clinical picture of marked cyanosis, dyspnoea, cold extremities, and laboring heart, and the treatment must be directed toward equalizing the pressure by dilating the peripheral circulation and moderate stimulation of the heart.

On the opposite side, we see the cases of under-load due to a marked lowering of diastolic pressure and this type presents a clinical picture very different from the one described above. We will notice from day to day that both systolic and diastolic pressures gradually decrease, the diastolic out of all proportion to the systolic and with this a progressive increase in the rapidity of the pulse, until such time as the pulse rate considerably exceeds the systolic pressure. With this we have the symptoms of dyspnoea, cardiac inefficiency, etc., and the treatment must be directed toward the control of vascular pressure to prevent an acute vascular paresis.

Either of these conditions, if allowed to go on, will be followed by pulmonary oedema, the first due to acute dilatation of the heart and the second due to loss of vascular tone, so that in appearance they resemble each other very closely, but in fact are due to exactly opposite physical condi-

tions.

This suggests a practical application of treatment and it reconciles many of our divergent theories of treatment. In the first type, the use of nitro-glycerin, together with digitalis, is absolutely good treatment, whereas the use of nitro-glycerin in the second type would be entirely contra-indicated and if given would increase the danger of loss of control. In the second type with the use of digitalis, together with adrenalin or pituitrin, the symptoms and danger will be greatly decreased.

From our observations the cases of cardio-vascular paresis greatly exceed acute dilatation with pressure. Unless the early development of this condition is noted and treatment begun before the vessels dilate to an extreme, it offers a good opportunity for control. If the loss of vascular control is excessive, it is very difficult to produce a condition of tonus, and the patient will die with the evidences of running heart and pulmonary oedema as a secondary complication. Severe toxic cases generally present this type of symptoms.

Consideration of the above classification will reconcile many of our divergent theories of treatment. You will often hear the opinion expressed that adrenalin in the treatment of pneumonia is objectionable, whereas in fact this often covers truly the treatment of high pressure cases and ignores entirely the low pressure ones. In the same way, the divergent opinions regarding the use of nitro-glycerin may be reconciled, and it should be used only in the selected high pressure cases as indicated by the predominant high systolic pressure element in the cardio-vascular balance.

I am sure that a careful observation of

pneumonias will very readily disclose the above types and will be an aid in selecting the proper plan of treatment and also the period at which stimulation should be applied. I do not mean that all cases of pneumonia may be successfully treated, because the severe toxic forms of either type may be so excessive that even intensive treatment of the problem involved may be impossible from the outset, as it is impossible to obtain from any drug the proper therapeutic action. Nevertheless, we have the satisfaction of knowing that we have been treating the condition on a scientific and definite basis and it removes very largely the old uncertainty as to when stimulants should be applied or withheld.

In reviewing this work the following features should be emphasized:

- (τ) That systolic pressure is of little value in itself.
- (2) That high systolic pressure may simply indicate the potential power of the myocardium necessary to maintain normal balance.
- (3) That any endeavor to lower pressure simply because it is high, may increase our symptoms of cardiac decompensation and result unfavorably to the patient.
- (4) That in the type of myocarditis in which there are marked changes in cardio-vascular pressure within a short period of time, when under the same surroundings as to rest, etc., the possibility of sudden danger must be considered and the prognosis in these cases should be extremely guarded.

In pneumonia, a mild case going through a normal course of the disease should show practically little or no disturbance of the cardio-vascular balance. That cases of high blood-pressure with danger of acute dilatation may be readily differentiated from low pressure cases in which the danger arises from vascular paresis.

Finally, with the above classification in mind, the proper selective plan of treatment may be more accurately chosen and

applied in each individual case.

Indication to Operate in Otitis Media.

If in the course of a case of acute purulent otitis media (not at the beginning), or in a case of temperature, say to 102° or more, accompanied by a rigor, with headache and malaise, and if non-aural causes for the temperature can be excluded, and there are no symptoms of meningitis or cerebral abscess, the mastoid should be opened up and the sinus exposed without delay. Children are an exception to the rule.—J. M. Clarke and L. Firth, in the Bristol Medi-Chiurgical Journal.

SOME CAUSES OF MAL-OCCLUSION OF THE PERMANENT TEETH.*

By Raymonde A. Albray, D. D. C., Newark, N. J.

When Dr. Mockridge asked me to read a paper on orthodontia before your society, I was rather reluctant to do so because I am not making a specialty of that branch of dentistry. However, upon thinking the matter over, I decided that if it would be of interest to you to hear something of the influences which act in causing mal-occlusions of the teeth, I would comply with his

request.

Ordinarily the man who specializes in orthodontic treatment does not see his cases until mal-occlusion is well established. The general practitioner of dentistry has a far greater opportunity to observe the development of the jaws and teeth, or rather the lack of development, and is therefore in a better position to note some of the causes which are instrumental in producing deformities of the face and jaws, and to advise as to their treatment. The treatment of irregularities of the teeth is the work of the orthodontist and the technique employed to rearrange the teeth or to guide them into their proper place in the dental arches, is followed according to the ideas of the man doing the work; some preferring one type of apparatus or appliance, some another.

In earlier times the general practice was to begin treatment from the tenth to the fourteenth year, but more recently the tendency has been to start at a much earlier age; some enthusiasts even going so far as to put appliances in the mouths of children of four and five years to, as they claim, stimulate development. These gentlemen advance many arguments in favor of their methods, but there are also arguments which can be used to controvert their theories and practices. I do not intend by this statement to criticise early treatment, for it is often possible to guide one permanent tooth, which is erupting in an abnormal position, into its proper place in the arch, and thus prevent subsequent greater malpositions of the other teeth.

You all know something of the reasons for orthodontic treatment of mal-posed teeth, and the improvement in respiration which comes from spreading contracted arches: the better mastication of food made

^{*}Read at the meeting of the Pediatric Section of the Academy of Medicine of Northern New Jersey, held January 7th, 1915.

possible by bringing the occlusal surfaces of the teeth into their proper relationship; the lessened liability of the teeth to decay, and the greater facility obtained in maintaining a hygenic condition of the mouth. You know that these results can be obtained in established cases of mal-occlusion, but I take it that the prevention of the condition by the removal or treatment of causative factors, is the phase of orthodontia with which you are most concerned.

Hellman says: "The modern conception is that mal-occlusion of the teeth is a manifestation of disturbances in the development of the jaw bones. That the most important diagnostic features by which these disturbances are recognized, are represented by the teeth and their occlusal inclined planes." We will first consider the prenatal causes of lack of proper development

of the jaws.

Of intra-uterine influences upon arch development, Pullen says: "The normal development of the dental arch, including the alveolar process and the deciduous and permanent teeth, preconcieves primarily, the healthy structure and the molding and development of the maxilla and mandible during embryonic life, which are naturally dependent upon the nutritive and other conditions in which they are surrounded in intra-uterine life. It is conceded that prenatal influences, whether they be of a nutritional, functional or nervous type, have a definite bearing upon the metabolic processes which tend toward symmetry or asymmetry of development of the embryo in whole or in part.'

Talbot in considering this says: "The structures of mouth and nose being exceedingly variable in evolution, and the structures of the jaws and teeth having taken an embryonic trend for the benefit of the body as a whole, under the law of economy of growth, disturbances of balance are peculiarly apt to occur here, not only is actual growth upset by this disturbance of balance, but certain potentialities are likewise interfered with."

Another of the pre-natal causes is that of heredity. Case considers this as an important factor and writes as follows: "Nor are these dento-facial imperfections always wholly due to a mal-position of the teeth; these conditions may have arisen from the direct inheritance of a parental deformity, or from the inharmonious union of unaltered types, as the teeth of one parent and the jaws of the other. It is equally true that the union of harmonious types often

results in symmetrical conditions which neither parent possesses." W. J. Brady rather scouts the idea of heredity causing mal-occlusion, claiming that "heredity always tends to promote the normal, the healthful, not the abnormal or diseased, and that the environment conducive to the condition, is inherited, rather than the disease."

One other cause which operates to produce departures from the normal development of the jaws is the influence exerted over bodily growth by the pituitary body. This, it is claimed, may happen during the intra-uterine period or afterward.

Over the causes of faulty development just enumerated we have little or no control. It is with conditions arising after birth with which we have to deal and these conditions are more or less amendable to

treatment.

During the first few years of a child's life, particularly through the first fifteen years, growth is very rapid, and anything which interferes with physiological processes will have an untoward effect upon normal development. To just what degree the jaws are affected it is hard to say, but, the crowns of the permanent teeth are all fairly well formed and calcified three or four years after birth, and their shape and size will not be much altered, so if the growth of the jaws is retarded for any considerable time, crowding of the permanent teeth is almost sure to re-Beginning with the eruption the temporary teeth, a possible cause of malformation of the jaws is cited by George H. Wright, who in writing of lancing of the gums has this to say: "Frequently, the physician called in to attend a child who is disturbed in the process of teething, so called, will indiscriminately lance the gum, a fibrous tissue immediately over the erupting crown, and in this manner seek to give the child relief. He may succeed temporarily, because the arterial tension below the erupting tooth is relieved. The cusps of the tooth emerge through the wound and there is liberated into the oral cavity a mass of liquified alveolar bone and degenerate connective tissue which normally is absorbed by the lymphatics. Only the crown of the tooth is formed at this time and is loosely held within its alveolar crypt. The lancing relieves the tension which later subsides, and often the tooth returns to its former position below the gum; the cicatrix heals rapidly and histologically will exhibit a denser fibrous mass, considerably matted, and very resistant, and very difficult for the erupting tooth to cut through, in which event the lancing may give temporary relief, yet in reality be the means of causing a retarded normal eruption. The immediate result of this retarded eruption or of any change of environment may be observed in a decided deflection of the lines of growth, not only of the alveolar periosteum, but also of the adjacent bones."

Angle's opinion is that "whatever acts as a hindrance to nature in performing her delicate offices in the unfolding of the various tissues composing the dental apparatus during its growth, will be operative as a cause in producing mal-occlusion." "We know that every case has a simple beginning in its variation from the normal, and that often a single tooth, from slight cause, being deflected from the normal, may, and

usually does, involve others."

At any time during the first twelve years of a child's life, development of the bones of the face and jaws may be interfered with by adenoid vegetation. Kyle says: "Whether the enlargement is congenital or occurs after birth matters little, as the main symptom demanding relief is the obstruction to nasal respiration, which, if unimpaired as the process of development goes on, has much to do with the regular formation and contour of the face. The respiratory act through the nose, as well as the action of the muscles controlling the size of the nasal orifices, are factors of importance in controlling the size of the nasal cavity. If this function is interfered with by any obstructive lesion, as would occur in adenoid vegetations, and that obstruction is allowed to remain until the bony nasal framework has become firmly united, the capacity for nasal breathing is permanently fixed. This may leave the individual a confirmed mouth-breather. The effect of impaired respiration due to post-nasal obstruction is also manifested in an ill formed superior maxillary arch, with marked irregularity in the arrangement of the teeth. This irregular development is largely caused by the repeated contraction of the muscles controlling the nasal orifices, necessitated by the forced nasal inspiration and snuffling. By this drawing down of the facial muscles the upper jaw is retracted and the contour of the upper arch is altered."

It may be positively stated that any nasal obstruction in a child will result in a deformity of the bones of the face. Ziem conducted some experiments in which he

produced nasal stenosis in young animals by occluding one-half of the nose artificially, with the result of the asymmetrical development of the two sides of the nose and bony tissues, the obstructed half being arrested in development as well as the contiguous tissues on that side of the face.

Another way in which hypertrophy of the pharyngeal tonsil may produce deformities of the jaw is from the general underdevelopment and anemia which so often accom-

panies this condition.

Pullin refers to the impingement of adenoid vegetations upon the vessels which enter the inferior opening of the foramen lacerum medium and the possibility of interference with the nutrient and nerve supply to the pituitary bodies, these being cut off enough to materially affect the proper performance of the functions of the organs, with consequent disturbances of development of the whole skull and its contents as well as that of the whole organism. Hypertrophy of the faucial tonsils may act in a manner similar to the adenoid vegetations causing mal-occlusions of the teeth.

We will now consider the causes of malocclusion which originate with the teeth

themselves.

A normal child of two and a half years of age has the complete set of twenty deciduous teeth in its mouth. These teeth are put there for the purpose of preparing food for digestion. If anything intervenes to prevent the proper and thorough mastica-tion of the food, indigestion with consequent lack of assimilation and nutrition results. A child not only has to maintain its bodily weight but has to increase it greatly each year, which fact means that good digestion and assimilation must go on without interruption. Anything which interferes with mastication necessarily has its effect on digestion, and therefore it is not only advisable, but positively essential that the temporary teeth of the child be maintained in such condition that mastication is not impaired in any way.

If the child does not derive the full complement of nutrition from the food taken into the stomach, then its general deveolpment is arrested and the bones of the face must suffer with the rest. Many parents, and sad to relate, many physicians and some dentists, are inclined to the opinion that the deciduous teeth are of little importance, in fact, are a sort of general nuisance, because they are some day to be replaced

by another set.

Gentlemen, I tell you, that I am more

firmly convinced every day, that neglect of these deciduous teeth, with the caries, abscesses and generally filthy conditions which we see daily, is responsible for vast numbers of adults who are under-developed both physically and mentally, and that many diseases which manifest themselves in adult life have their inception from conditions arising from lack of attention to the deciduous teeth. These teeth are particularly susceptible to the ravages of dental caries, and it is no uncommon thing to look into the mouth of a four-year-old and find from six to twenty cavities, and I have even seen twenty-seven cavities in the temporary teeth of one child of five years. Think of it, twenty teeth with twenty-seven cavities, and the parents are wealthy and intelligent. How can a child with its masticatory apparatus in such condition properly prepare food for digestion? How can development take place properly? Could you chew your food if the grinding surfaces of the teeth were destroyed and the pulps exposed so that the slightest pressure caused pain? Must not such conditions have an untoward effect upon the development of the whole body?

The pulps of these carious deciduous teeth are quickly involved in the destruction, and abscesses result. It is by no means uncommon to find from one to half a dozen putrescent teeth, with pus discharging from the pulp chambers, or through a fistulous opening in the gum, in the mouths of little children. Pus running into the stomach and being taken into the blood stream twenty-four hours in the day. Can such a process be considered normal, or capable of producing healthful growth? This would not be surprising if it were prevalent alone in the children of the ignorant or the poor, but really the children of the educated and wealthy show almost as great neglect of the temporary teeth as do

With foci of infection such as I have just described, combined with the ideal incubators for bacterial growth and propagation which the carious teeth become, is it not easily seen that the systemic effect of these conditions must act to retard development?

the poor and uneducated.

Also there are local pathological conditions set up in the jaws about these abscesses which affect the eruption of the permanent teeth; some of the alveolar process is destroyed and often extensive areas of necrosis occur with consequent loss of the temporary teeth and often the permanent as well. Frequently the only treatment

which can be given teeth, which have been so far destroyed as to abscess, is extrac-This produces a shrinkage or lack of development at that particular part of the jaw and the succeeding permanent tooth is usually crowded out of position as it The death of the pulp in a deciduous tooth has another effect upon the proper eruption of the permanent teeth. One of the functions of the pulp in the temporary tooth is to assist in the physiological absorption of the roots, as the permanent successor pushes its way to the sur-

Brommell and Fischelis say that "during the entire period of root decalcification. the pulp of the tooth, which is also involved in the destruction, retains its vitality, but with the loss of vitality in the pulp, absorption of the root ceases." You can readily see that when the pulp of a deciduous tooth is destroyed by caries, the normal physiological absorption of the roots does not take place and the tooth, or its roots, is usually retained beyond the time it should be. I have seen many permanent teeth deflected into abnormal positions because of the retention in the jaws of a root which had not been properly decalcified.

Caries of the deciduous teeth is responsible for mal-development of the jaws in another manner—lack of stimulation. a single tooth or a number of teeth are decaved, the function of mastication is interfered with. It hurts to chew and the child bolts its food. This is injurious to digestion and to the jaws themselves, for the development of these underlying structures is dependent to marked degree upon the stimulation received from the exercise of masti-

cation.

The character of food given most children is responsible to a great extent for much of the caries of the teeth, both of the deciduous set and the permanent. Too much soft food does it. The surfaces of the teeth are not polished as they are when hard food is used and the inception of caries is favored in this way. With the grinding surfaces of the teeth destroyed, little stimulus can be imparted to the jaws. Vigorous chewing of hard and fibrous food is impossible, the child lives on mush and pap. The muscles of mastication do not develop, and malposed teeth are the rule rather than the exception. J. Lowe Young, writing on this subject says: "Unfortunately normal development rarely takes place. The child of three years is supplied with teeth suitable to thoroughly masticate food, and he should be encouraged to do so, for by the vigorous use of these organs three times a day the growth of bone and muscle is stimulated and, if not counteracted by a pathological condition of some sort, should result in normal arch de-

velopment.

F. B. Noves writes as follows: "The jaws are endo-membranous in their origin, but very early in their development a periosteum is formed over the surfaces of the bone already formed, and from that time on, the growth of the bone as an organ takes place through the functions of the periosteum, together with the articular cartiliges and peridental membrane. By these tissues the bone is built up, but by the periosteum the surface is sculptured and moulded into form, and by the osteogenetic tissues enclosed within the surface of the bone the internal structure is constantly being rebuilt so as to adapt the organ to the forces to which it is subjected, with the least possible weight. The more carefully this is studied, the more evident it becomes that bone is formed and reformed in response to mechanical stimuli, and that the entire surface is arranged in harmony with the mechanical stress which results from the forces applied to the teeth and surfaces of the bone.

The interlocking of the cusps of the temporary teeth as well as the permanent set, plays an important part in retaining the teeth in position and in the development of the jaws; lateral and antero-posterior force produced during mastication being a positive factor in stimulating the bone forming cells. Of course if the cusps are destroyed by caries or the teeth are lost by extraction this stimulation is lacking in that portion of the jaw and the corresponding section of the occluding jaw, malformation resulting.

From the foregoing you can readily see how very necessary it is for the normal development of the jaws that the best of care be given the temporary teeth to conserve them and prevent alteration of their

structural form.

I have just hinted at the bacteriological phase of the causes of mal-occlusion, for it has been so conclusively shown that many diseases have their origin in unclean mouths, full of carious teeth, containing decaying and putrescent animal and vegetable matter, that I will not take up your time other than to say that every illness which a child may have has an effect upon its development, and a body, weakened by mal-nutrition and absorption toxic material and bacterial poi-

sons is especially liable to diseases of all descriptions, and that these diseases can in a large measure be prevented by rigid oral cleanliness. There is a tooth, or rather four teeth, which are deserving of especial mention, I refer to the first permanent molars which erupt just posterior to the last deciduous molar in each jaw. This tooth is commonly supposed to belong to the temporary set because no first tooth is lost to make room for it in the arches, and it is neglected accordingly. It is, however, probably the most important of the permanent teeth, and supports the arches in their proper relationship while the other permanent teeth are coming into place when first teeth have been lost in the natural process of development. It is the keystone of the arches and the loss or destruction of its cusps or crown by caries is manifested to a greater degree in the arch than the loss or injury of

any other tooth.

Normal eruption of the permanent teeth follows a regular order; Broomell and Fischelis describe it in a very concise manner; "While the crowns of the deciduous teeth remain in position, a part of the space formerly occupied by their roots is taken up by the advancing crowns of the permanent teeth, the latter calcified but little beyond their cervical lines. Between the seventh and eighth years the crowns of the deciduous incisors are cast off, and gradually the crowns of the permanent incisors force their way through the gum, the arch by this time having sufficiently increased in size to accommodate the additional width possessed by them. Previous to this time, or about the sixth year, by a backward extension of the jaws, the first permanent molars have erupted, assuming a position in the arch immediately posterior to the deciduous second molars. Between the tenth and the eleventh years the crowns of the deciduous molars are lost, and the bicuspids advance to take their places. Usually by the twelfth year there has been sufficient increase in the length of the jaws to permit of an additional tooth and the permanent second molar gradually takes its position immediately posterior to the first. Between the twelfth and thirteenth year the deciduous cuspids are lost by decalcification of their roots, and they are succeeded by the permanent cuspids. We therefore find, by the fifteenth year, fourteen fully developed teeth occupying the dental arch of the jaw, the full number, thirty-two, or sixteen in each jaw, not being present until the eruption of the third molar, which like the other teeth of this class, is compelled to await accommodation by a further increase in the length of the maxillary bones." This is the plan of the change from the deciduous to the permanent teeth as nature intended it. Any of the causes of mal-occlusion of which I have spoken may disarrange the scheme and deformities or departures from the normal be created.

I will quote from Angle's description of the forces governing normal occlusion to show the importance of the natural eruption of the permanent teeth. "The inclined planes of the cusps of the teeth already in normal position play an important part in directing the teeth that are erupting to take their normal positions in the arch, but if their influence be perverted they may become mischievous factors in the production of mal-occlusion. When the teeth first emerge from the gums their considerable displacement is often noticeable, but this need occasion no uneasiness provided, as eruption progresses, their cusps pass under the influence of normally placed opposing cusps. But if they pass beyond this influence into abnormal relations, they will not only be deflected from their own proper positions, but may displace the opposing teeth and those subsequent to erupt as well, even to the extent of the disarrangement of the entire thirty-two teeth, as is possible from the mal-locking of the first permanent molars. So there may be times when the dividing line between harmony and inharmony is very slight, hence the importance of careful attention during the period covering the eruption of the permanent teeth, especially the beginning. Harmony between the complete upper and lower arches is also powerfully promoted by their normal action and reaction upon each other through the teeth. As the teeth of the lower arch erupt before their antagonists of the upper arch and are consequently to an extent fixed in their positions before the latter appear, it follows that the lower arch is the form over which the upper is moulded. One arch cannot be altered in shape without modifying that of the other, nor can it be altered in size without soon exercising a marked effect on the other."

Let me sum up the points of the paper upon which I want to put especial emphasis.

Pre-natal influences can and undoubtedly do cause mal-formations of the jaws with resultant mal-occlusion of the teeth. These we can hardly hope to prevent to any considerable extent.

Hypertrophy of Lushka's tonsil and of the faucial tonsils affects development of the jaws directly and indirectly.

Unitelligent lancing of the gums to assist teething in infants may interfere with the natural development of the jaws.

Caries of the deciduous teeth causes malocclusion in a number of ways and probably does more to produce this condition than all other causes together.

Indigestion and mal-nutrition are often the result of carious teeth. Toxins and bacterial poisons are formed in carious teeth and by their absorption prevent normal development.

Children with lowered vitality from any of the causes just mentioned are particularly liable to diseases which further retard development.

When the teeth are affected by caries the underlying bony structures of the jaws do not receive proper stimulation during the process of mastication and lack of proper growth results.

You gentlemen can by a little well-given auvice, do a great deal to prevent, not only mal-occlusion of the teeth, but many bodily ills arising from neglect of the deciduous teeth. Tell parents to give their children hard food to eat and to encourage them to thoroughly masticate it. Instruct them in the necessity of cleaning thoroughly the mouths and teeth of their children. Tell them that the first teeth require more care than do the permanent ones, and why this is so

I had a supposedly intelligent woman say to me the other day, when I spoke of the filthy condition of her little daughter's mouth, "Oh, no, I never clean them; they are only first teeth," and a dirty garbage can would be clean by comparison. She had never been told of the necessity of caring for her child's teeth. Advise early and regular visits to a competent dentist that small spots of decay may be cared for and large cavities prevented.

I have endeavored to show that anything which interferes with the normal physiological processes: esults in mal-development and if I have seemed to lay particular stress upon the care of the deciduous teeth it is because they are most often neglected, and, as I have already said, I believe are responsible for more forms of improper development of the whole body than any other one

I thank you for having asked me to address you, and for your attention, and if anything I have said has interested you or will cause you to give even a little more consideration to conditions in the mouths of your little patients I will be well repaid.

Clinical Reports.

Metastatic Conjunctivitis in Gonorrhoeic Patients.

Davids, H., Munster, in Von Graefe's Archiv. fur Ophthalmologic, reports, after a review of the incident literatures, a case of metastatic conjunctivitis of both eyes in a man affected with gonorrhea, prostatitis, cystitis, and metastatic pleuritis. At first no gonococci were found in the conjunctival secretions. the gonococci were present in the pus of left eye, in which a regular blennorrhea had developed. The case showed with great probability, that severe blennorrhea with positive findings of gonococci may occur endogenously. This possibility must be considered, and in all future cases of blennorrhea in adults attention must be paid, aside from the local changes, to the general condition.—C. Zimmermann.

Frontal Sinusitis in a Girl Aged Seven.

Dr. D. McKenzie reports this case in the Proceedings of the Royal Society of Medicine.

About three months before the child was brought to the hospital she was overturned by a bicycle and thrown on her face. A fortnight later pain and swelling in the left supraorbital region and around the left eye set in, together with headache and pyrexia. After about ten days of fever and headache, the patient being confined to bed, a sudden gush of pus from the left nostril took place. Thereupon the pain ceased, the fever left her, and the child was able to be up and about, but the discharge from the nose continued. When she came to the hospital pus was seen to be oozing freely from under the left middle turbinal. A skiagram, showed well marked frontal sinuses on both sides, and the left frontal sinus, together with the left antrum, threw shadows. Treatment was confined to nasal drainage; the left middle turbinal was removed and nasal antrostomy performed and the discharge gradually ceased.

Gangrene of Gall Bladder from Twisted Cystic Duct.

Dr. W. C. Cramp, at a meeting of the N. Y. Academy of Medicine, held December 4th, presented this patient, a man who had been admitted to Bellevue Hospital suffering from pain in the abdomen, nausea and vomiting. From the history it was supposed that his trouble was due to indiscretion in diet and he was placed in the medical division. A tentative diagnosis of gastritis was made. The following day he was transferred to the surgica! division. There was rigidity over the right upper uqadrant, a temperature of 99° F. but no symptoms indicative of obstruction. There was a high leucocyte and polymorphanuclear count, and an epigastric tumor. Immediately, on making the incision, the gall bladder protruded through the opening. It was black in color and twisted one and one-half times from right to left on its pedicle. There was no communication with the liver except toward the common duct. Dr. Cramp presented the specimen removed, which bore no resemblance whatever to a gall bladder.

Removal of Tongue for Carcinoma,

Dr. Cramp, at the same meeting of the Academy presented this patient. This man was admitted to the service of Dr. George Stewart at Bellevue Hospital on August 13, 1913. There was an ulcer on the left side of the tongue involving a small portion of the base of the tongue and having all the appearances clinically of an epithelioma. A section was sent to the pathologist, who pronounced it carcinoma. At the primary operation both lingual arteries were ligated and the tongue removed through the mouth. There was not a great deal of hemorrhage. The patient did not do well for a time after the operation because he could not swallow and his nutrition was thus interfered with. At a later operation several glands in the neck were removed, but according to the pathologist these were not involved in the malignant process. The first operation was performed on August 27, 1913, and up to the present time there were no evidences of recurrence.

Abscess of the Liver.

Dr. Cramp also presented this patient, who was admitted to Bellevue Hospital on October 23, 1913. He had been suffering from chills, chilly sensations, and pain all over the body, and had been ill for a week at the time of his admission to the hospital. He complained of pain in the right epigastric region, but no nausea, vomiting, or sweats. His temperature was 105° F. The local signs were not definite though there was considerable resistance in the upper part of the abdomen. The leucocyte count was 23,000 and the polymorphonuclears 84 per cent. He was transferred to the surgical division and the following day the leucocyte count was 19,000 and polymorphonuclears 96 per cent. At operation a small protrusion was found at the right of the gall bladder containing pus. This was evacuated and found to contain staphylococcus aureus. The patient left the hospital on November 15, 1913 and had returned occasionally for observation, but up to the present time there had been no further trouble.

Case of Pernicious Anemia.

Reported by James Melvin Sturtevant, Portland, Me., in the Journal of the Maine Association, April, 1914.

A meat cutter, aged 45, was admitted to St. Barnabas Hospital, November 28, 1913.

Family history excellent. He gave a personal history of having had a few of the so-called children's diseases, but has never had diphtheria, scarlet fever, typhoid fever, or rheumatic fever. About four years ago he said that he "got run down and had a bilious attack." He developed a lemon yellow color all over his body, was very weak, and fainted while at work. He kept weak, and fainted while at work. He kept about his work all the time, except for three or four days, and gradually improved. Since that time he has had several of these so-called "bil-ious attacks" which, he said, have been relieved by calomel and tonics. He has experienced no pain at any time, not even headaches. He has never shown any constipation or diarrhea dur-

ing or previous to these "bilious attacks."

The onset of the symptoms of this present illness was so gradual that it is difficult to learn just when the disease began. About the first of June, 1913, he began to experience peculiar faint spells referrable to the stomach. These sensations occurred quite regularly about ten or eleven o'clock each forenoon. He became tired very easily and noticed that brisk walking caused him to have shortness of breadth and palpitation of the heart. Each night he felt so exhausted that he experienced great difficulty in getting home from his work. His feet and legs swelled badly and continued to do so until he was admitted to the hospital where he was

kept in bed.

Upon physical examination he showed a very pronounced lemon color of the skin with no discoloration of the sclera. The preservation of subcutaneous fat was a most striking feature of the case; especially of one having such an insidious onset and which had reached such an extreme degree of weakness. The circulatory system showed a regular full pulse of about 86. The arteries were apparently normal. The blood pressure was 112. Percussion revealed no abnormal conditions of the heart. Upon auscultation a systolic murmur was heard at the apex only. There was a markedly visible pulsating area over the junction of the sternum and left clavicle and also over the region of the carotid artery of the right side of the neck. This was also noted in a less degree over the carotid artery of the left side. All the examinations of the lungs were negative. There was no appreciable enlargements of the liver. Spleen not palpable. The right kidney was palpable.

The temperature at the time of the patient's arrival at the hospital was 97 degrees which, during the progress of the disease, was quite transitory in character, ranging from 97 degrees to 100 degrees. At first the stools showed very light clay colored lumps which soon assumed a normal character. The urine was acid, having a specific gravity of 1,016 and containing a trace of albumen. No sugar, bile or indican were present. Microscopic examination of the urinary sediment revealed many hyaline casts, few granular casts, efw epithelial casts, many cylindroids, and some mucus. There were a few flat and a few round epithelial

cells.

Examination of the blood showed:—Hemoglobin, 40%; Erythrocytes, 792,000; Leukocytes,

3,250.

The different count of the leukocytes revealed:—52% of polymorphocellular; 23% of small lymphocytes; 2% of large lymphocytes;

23% of myelocytes.

A series of fourteen complete examinations between November 20th and January 3d showed the following average:—Hemoglobin, 41%; Erythrocytes, 966.400; Leukocytes, 3.384; Polymorphocellular leukocytes. 45%; small lymphocytes, 25.5%; large lymphocytes, 6%; Myelocytes, 23.5%.

The leukocyte count varied from 6,000 to as low as 2,000. The erythrocytes ranged from 1,356,000 to 640,000 and showed a marked poisilocytosis. When a drop of blood emerged from a puncture it was always remarkedly well colored, due to the high color index which was present at all times. When a drop was soaked into a piece of bibulous paper the red spot produced by the blood became surrounded by a pale ring, which, while wet, appeared like colorless moisture, but as the blood stain became

dry the ring remained, and showed a slight

grayish tint of its own.

The treatment of this disease consisted of rest in bed, regulation of the bowels, abundance of nutritious foods, and hypodermic medication of iron, arsenic and strychnine twice daily, together with chlorhydrosulphate of quinine once daily.

When the patient was allowed to go home on January 12, 1914, the hemoglobin was up to 65%, with no marked change in the number of

blood corpuscles.

Chronic Cardiospasm; Surgical Cure by New Method.

Dr. C. A. L. Reid, Cincinnati, reported the following case at a meeting of the Cincinnati

Academy of Medicine, March 16th:

Mrs. —, aged 22, was brought to me by Dr. Thrasher, June 6, 1913. She gave a history of great difficulty in swallowing from early childhood, the obstruction having increased to such an extent that it had caused distension of the neck and frequent voluntary regurgitation. The radiograph, taken eight months before coming to my office, disclosed the fact that the obstruction was at the cardiac orifice, and that the esophagus was dilated, making its capacity about eighteen fluid ounces, the dilatation being more or less irregular.

Commencing November, 1912, she underwent a course of treatment for six months under an eminent specialist of another city, who subjected her to general anesthesia sixteen times for lilatation under inspection through the esophagoscope. During this time her diet was limited entirely to liquid food. From this treatment

she derived absolutely no benefit.

I advised her to enter the Jewish Hospital, where, on June 25, 1913, under gas anesthesia, I did the following operation: Three incisions were made: (I) An oblique incision, four inches long, extending downward from the upper part of the costal region on the left side; (2) one, about an inch long, entering the stomach near the cardiac orifice; (3) another small opening into the stomach about three inches nearer the pylorus. By passing the finger through the large opening, the cardia was lo-A flexible bougie was then forced cated through the esophagus into the stomach, carrying with it a heavy linen thread coated with coarse carborundum fixed with liquid celluloid. Upon forcibly dilating the cardia with a mechanical dilator about 3.5 or 4 cm, the carborun-dum saw was drawn back and forth over the now tense gastro-esophageal margin until a tinge of blood was observed, the operation being repeated by shifting the dilator. The dilator was removed, leaving the string, and a self-retaining tube 1.5 in diameter was inserted in the lower end of the esophagus, and with the carborundum string, brought out through the gastric incision. The stomach was then stitched to the parietal wound, which latter, except the spaces occupied by the two tubes, was closed.

Following this, copious draughts of water were given the patient which irrigated the esophagus and passed out through the tube. During the first day, feeding took place through the lower tube. On the second day, the upper and lower tubes were connected and liquid nourishment was given through the mouth. Each day for ten successive days, the carborundum

saw was operated, after which time, the upper tube was drawn from the esophagus, and the flanges were expanded and left within the stomach. Semi-solid food was given without obstruction during the next five days, the food passing immediately from the large tube when left open. While a division of the spastic sphincter had evidently been accomplished by means of the saw, left it be incomplete, and thus re-establish the continuity of the muscle in part or in whole, I decided at some risk of hemorrhage, to use the carborundum string as a means by which to introduce the long ure-teral filiform bougie. With this as a guide, I introduced a urethrotome, the concealed blade of which had been reduced to nearly one-half, and with which the remaining fibers, if any, were divided in three different directions. upper tube and the string were now discontinued, the lower tube being left to facilitate observation, and by means of which it was discovered that all swallowed food was passing directly into the stomach. Both gastric inci-sions were now closed. The patient returned to her home, August 2, 1913, and has been able to eat all solid foods since without the slightest sign of obstruction. The suggestion for this procedure came, of course, from Abbe's wellknown operation devised more particularly for organic stricture of the esophagus.

Abstracts from Medical Journals.

Empycma Thoracis.—To determine between a purulent and serous fluid is often impossible, though there are many signs which favor the presence of pus rather than serum. It is frequently thought that hectic temperature is indicative of pus, but I find as high temperatures recorded in my serous as in my purulent cases. When an effusion occurs in a child under three, the probability is strongly in favor of its being purulent, as also when it occurs subsequent to an attack of pneumonia, scarlet fever, or other infectious disease:—H. G. M. Dunlop in the Edinburgh Medical Journal.

Intramuscular Injections of Antitoxin in Diphtheria.

Drs. Rolleston and Malclead, in the British Journal of Children's Diseases, reach these conclusions:

Intramuscular injection, preferably in the vastus externus, deserves to supersede all other methods of administration of antitoxin in the treatment of diphtheria for the following reasons:

- 1. It is quite as simple as the subcutaneous method, insures much more rapid absorption, is less painful, and less liable to give rise to abscesses at the injection site.
- '2. It is superior to the intravenous method, not only in the great simplicity of its technique, but also in the less rapid excretion of antitoxin after injection.

Are Worms the Cause of Appendicitis?

Dr. L. Aschoff, of Freiberg, in Berliner Klin. Woch., answers Dr. Rheindorff, who recently claimed that oxyuris is the direct cause of some cases of acute appendicitis. Aschoff claims, on the other hand, that although oxyuris within the appendix may cause symptoms simulating appendicitis (pseudoappendicitis), an acute inflammation is never the result. Pseudoappendicitis is never accompanied by fever. Therefore patients, especially children who present certain signs and symptoms of appendicitis without the accompanying fever, should be examined with the view of excluding intestinal worms, especially oxyuris. The fissures in the mucosa which Rheindorf describes as caused by the oxyuris are regarded by Aschoff as antefacts.

Tongue Chewing.

Dr. B. Myers, in an article in the British Journal of Diseases of Children, notes that this condition consists in the chewing of one side of the tongue by the teeth after practically the identical manner in which some children chew guin. In the process the premolars and molars of the particular side of the jaw move inward over the tonguc for about a quarter of an inch, and then glide over until the upper and lower molars are in apposition again; then the movement is repeated. The rate is about ninety per minute. The chewing movement may be kept up for a few ser onds or minutes, or for half an hour. It may be performed once or twice daily, or intermittently, at various intervals. The repetition of the habit makes part of that side of the tongue distinctly red, and occasionally in-flamed and indented. Tongue-chewing is first noticed about the second year of life, and persists until middle age, or, perhaps, through It tends to be less noticeable with adlife. vancing years. Either sex may suffer from it. It occurs, apparently, in healthy families, in which certain members suffer from habitspasms. Several members of one family may suffer from it. The habit is inherited, as far as one can see, and not copied. The same side of the tongue is always chewed in the same individual. The mental condition is quite normal, and the general health is not interfered with in any way. Bromides stop the tonguechewing, but in time, after the patient leaves off the drug, the habit recommences.

Results from 600 Intravenous Injections of Neosalvarsan.

The Journal of the Michigan State Medical Society for August, 1914, contains an article by Holmes in which he says that judging from the result of these six hundred injections, it seems justifiable to draw the following conclusions:

- 1. The intravenous administration of neosal-varsan in selected cases is without danger.
- 2. Danger is minimized by the method making sure of a concentrated hypertonic solution.
- 3.' Danger is minimized by keeping the patient under hospital supervision while undergoing treatment,
- 4. In the absence of a large number of spirochaetae, a certain amount of reaction is inevitable after the first injection. This reaction is of no importance.
- 5. A reaction of sensitization is excited in a smaller number of cases.
 - 6. The small number of untoward results

is due to care in selecting cases, proper dosage and asepsis in administration.

7. While neosalvarsan has not proved as potent as old salvarsan, it is highly efficient and may be used more often and in larger doses.

Salvarsanized Scrotherapy.—Beriel and Durand emphasize that if the serum is drawn soon after the salvarsan has been given and is then injected into another person, this is not serotherapy but chemotherapy, as more or less of the drug is still in the serum and there has been time enough for the anntibodies to be generated in response to the action of the arug. In their clinical work in this line they always allow two or three days to elapse before drawing the serum for therapeutic use on another patient. In their communication in the Bulletins et memoires de la Societe medicale des hopitaux de Paris, they relate their experiences in this line with intraspinal injection of serum from persons who were just entering on the second stage of salvarsan two or three days before. They keep the serum for twenty or forty-eight hours, heat it to 56 C. (132.8 F.) and then make the intraspinal injection in cases of tabes or paresis. They report encouraging results to date.

When is Gonorrhoea in Males Cured?

Dr. A. L. Wolbarst states that no patient can be declared cured of gonorrhea unless the following tests have been carefully and repeatedly performed: 1. Microscopic and cultural examination of the centrifugalized morning urine, as well as the washings from the irrigation of the anterior urethra. 2. Microscopic and cultural examination of the urethral discharge-whether spontaneous or artificial. 3. Microscopic and cultural examination of the massaged secretion of the prostate and seminal vesicles. 4. Urethroscopic examination of the anterior and posterior urethra. 5. Complement fixation test. 6. Skin reaction and hypodermic injection with gonococcus vaccine (still sub judice). Should all of these tests prove negative repeatedly, the patient may be declared cured; but the physician cannot assume the full responsibility and guarantee the cure. The patient himself must assume that responsibility.

Intestinal Stasis.

Sir Berkeley Moynihan, at the Clinical Congress of Surgeons in London, opened a discussion on this subject. The theory of intestinal stasis, he said, asserts that at definite points along the intestinal canal certain membranes, veils or webs are frequently found, which delay the passage of the contents, producing intoxication, which directly causes some diseases and encourages others. He admitted that these membranes are frequently present but believes them to be congenital. As long ago as 1899 he described them in fetuses. Jackson's membrane is commonly congenital, but the bands found at the hepatic and splenic flexures are not seldom congenital. He agreed with Lane's view as to their origin, but he doubted that the bands are responsible for intestinal delay, for the intestine is not hypertrophied. Delay undoubtedly occurs in the typical case of intestinal intoxication, not from

obstruction but from inability of the enfeebled intestine to empty itself. The early cases can be greatly helped by massage and paraffin. If operation becomes necessary the lower end of the ileum, cecum and ascending colon are the parts best removed. He condemned ileosigmoidostomy as it nearly always leads to regurgitation back into the colon. The surgeon exceeds his duty if he deals with anything beyond demonstrable lesions. He admitted that he had seen cases of rheumatoid arthritis improved beyond expectation by operative abdominal measures; but it should be remembered that drainage of an infected gallbladder or removal of a diseased appendix will cure some cases of this disease. Moreover, most of these cases are not benefited by operations for intestinal stasis. He demurred to the wide range of diseases said to be curable by operations for intestinal stasis.-London Letter, A. M. A. J.

Neck of the Femur Fracture; Its Treatment.

Dr. John B. Walker, New York, gives the following conclusions:

- 1. Fracture of the neck of the femur occurs under fifty years of age more frequently than was formerly believed.
- 2. Any injury to the hip followed by disability should suggest the possibility of a fracture of the neck, and requires an expert examination aided by an X-ray photograph.

 3. Reduction of the deformity with com-
- 3. Reduction of the deformity with complete immobilization of the fracture during the period of repair by means of a plaster spica bandage is advised in all suitable cases.
- 4. This is to be followed by early gymnastic movements, active rather than passive.
- 5. All weight-bearing upon the fracture is to be avoided for from four to six months, in some cases even longer.

Removal of Kidney When Both Organs Are Diseased.

Dr. Legueu, of Paris, at the International Congress of Urology, held in Berlin, in June, dealt with this subject under three headings: (1) If both kidneys are affected with the same disease; as with tuberculosis, the more scriously affected organ may be removed, with the result that a beneficial influence on the remaining organ will thereby be exerted. (2) If the second kidney is affected with an inflammation of another type, the operation is not contraindicated. Usually the second kidney is not the seat of an inflammatory process that subsides upon the removal of the first kidney. Great caution is here necessary, and particular weight should be given to the results of functional tests. (3) With reference to the determination of the functional capacity of the remaining kidney all known methods of testing should be employed. Casper of Berlin maintained that in the presence of doubtful results following the functional tests every operation is an extremely risky one. A reserve capacity of the kidney that comes into play when great demands are made on this organ has never, in his experience, been observed. Rovsing of Copenhagen attributes value only to positive results in the case of the functional tests, for if onc is guided in all instances in which negative results are obtained, one may be constrained in some instances to withhold operation when such operation may be the means of saving life. Kummel of Hamburg in 159 eases that he has operated on has used the method of cryoscopy with greatest advantage. Other speakers referred to the superiority of the determination of the Ambard coefficient.

Cancer of the prostate was the subject of a paper by Wilms of Heidelberg. He asserted that 20 per cent, of all hypertrophied prostates become inalignant. The diagnosis of cancer is made presumptive by the presence of pain and dysuria, and the induration and nodular character of the gland. In this instance the gland should be removed by the perineal route, after which radium and the X-rays should be employed. Verhoogen of Brussels emphasizes the diversity of the course of caneer of the prostate and the consequent difficulty in its diagnosis. In same instances there occur an extraordinarily rapid growth of the tumor and an early death of the patient. In other eases there is a slow growth which may extend over a period of many years. For this reason one should make a diagnosis as early as possible. If the growth has broken through the capsule of the prostate the result of an operation is doubtful. Only individuals that are not too weak and in whom the renal function is good should be operated upon. Radium treatment is to be resorted to in every case, even though instead of cure it produces only improvement. In some ininstances radium changes an inoperable into an operable case. Proust of Paris reported a marked modification of the perineal operation. It is necessary to remove both the prostate and the seminal vesicles. For this purpose it is necessary to expose the posterior surface of the prostate and seminal vesicles and to turn these down in one flap. In this manner it is possible to free the ureter and by getting it out of the way to complete the operation more thoroughly. Freudenberg and Isreal of Berlin doubt that one-fifth of all cases of hypertrophy of the prostare become malignant.

The Abderhalden Test for Pregnancy.

Drs. Stoner and Steel, close a paper reporting 150 cases in which they have tried this test, with the following conclusions:

1. That the test is delicate and will require the skill of one especially aequainted with serological work and great care in ruling out possible sources of error.

2. That, barring a few elinical conditions that may give the reaction such as malignancy, fibroid tumors and inflammatory processes, the test is as reliable as the Wassermann reaction for the determination of syphilis.

3. That the greatest diagnostic value will be in that type of case where elinically it is difficult to differentiate between a pregnant and non-pregnant condition and in which the test reacts negatively, barring out the likelihood of pregnancy.

Dr. Percy Turnure of the French Hospital in New York has sailed to take charge of ar American hospital in France. He will be followed shortly by a staff of twenty-five surgeons and nurses.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The Atlantic County Medical Society held its regular March meeting at the Hotel Chalfonte, Atlantic City, on Friday evening the twelfth.

The following members were present: Drs. Andrews, Bewley, Barbash, Berner, Bew, Carrington, Conaway, Worth Clark, Franklin Clark, Canning, Darnall, Price Davis, Byron Davis, Frisch, Fish, Gould, Guion, Garrabrant, Holt, Harley, Joy, Jonah, Lawrence, Leonard, Martin, Marshall, Emery Marvel, Philip Marvel, Munroe, Pollard, Poland, Reynolds, Roulon, Ritter, Stewart, Sharpe, Shivers, Senseman, Schmidt, Sheen, Snowball and Wright.

The visitors were: Drs. Rodinan, Hunter and

The Board of Censors reported favorably on the application of Dr. Sheen who was elected to active membership.

'Dr. W. Blair Stewart, chairman, Committee on Legislation and Public Health, reported as

The matter of a change in the present bankruptey laws so the fees of dentists and physicians shall come within the scope of this law: First, the committee advocates the adoption of resolutions whereby the society should go on record as endorsing such a move; second, that representatives or a representative be chosen to act for the society at the general meeting to be held in the near future; third, inasmuch as funds will be needed to propagate such a change it was suggested that each member be assessed two dollars.

A motion eovering the first count was carried while the second and third counts were referred back to the committee until further information and details are gotten.

The committee reported on Senate bill No. 154, which is an amendment to the Medical Practice Law and which has passed the Senate and is now in the House, that it has been endorsed by the State Legislative Committee and by the State Board of Medical Examiners. The society heartily endorsed this measure.

The conditions existing with regard to Camden County taking care of the tuberculosis patients of Atlantic County, were reported by Dr. Stewart to be entirely unsatisfactory. Camden County's institution is already overcrowded and they are unable to take care of our tuberculosis patients, while the price charged the county per patient is so high that they could easily be taken care of at home by using this money as interest on a bonded indebtedness and so have an institution of our own. It was moved that the committee report this to the special committee of Freeholders asking them to take the matter up.

In answer to an inquiry addressed to the committee on sanitation relative to contagious diseases existing in Atlantic City, Dr. Stewart reported that they had taken the matter up with the board of health and had found that there are and have been very few cases reported. The statement made by one of our medical men to a patient at one of the hotels. that there is an epidemic of scarlet fever in the city, is absolutely without foundation.

The motion which was presented at the February meeting relative to membership and dues and which provided that all dues shall be payable on the first day of December of each year, was carried at this meeting.

The scientific program was opened by Dr. William L. Rodman, of Philadelphia, president-elect of the American Medical Association, who spoke on "Pre-Cancerous Conditions as They Affect the Manmary Gland."

Dr. Rodman said that in the United States there are 75,000 deaths annually from cancer. Cancer of the mammary gland is second in frequency only to carcinoma of the stomach and 18,000 of the 75,000 deaths are due to cancer of the breast. The Pennsylvania State Society Commission for the study of cancer has found that the average cancer of the breast is carried thirteen months before the family physician is consulted, and the family physician treats the case one year before he turns it over to a surgeon for operation. Thus two years and one month have elapsed in which the growth has an opportunity to get in its deadly work before any thing is done which will tend towards a curc. No wonder, then, the mortality is so high.

Our aim under existing conditions should bo to consider pre-cancer or early cancer and by this method of working only can more be accomplished towards the reduction of this tremendous mortality. The fault is not with our technique or our methods of procedure, but because the poor unfortunates come to the surgeon too late. Operative measures have been carried about as far as they can be and no improvement in the method is looked for, hence early diagnosis and early operation are the only means we have left to us. All tumors occurring in the mammary gland should be considered malignant until proven otherwise, and the quickest and best method of diagnosis is on the operating table where a frozen section may be made while the operator is at work and hence no time is lost. In women over forty years of age the vast majority of cases are malignant, but we must not take this age limit as a fast line between malignancy and non-malignancy as twenty per cent. of carcinomas of the breast occur in women under forty. Dr. Rodman encountered a case of carcinoma of the breast in a girl of seventeen, and claims that it is relatively more fatal in a young women than in older ones, therefore it is more important to act promptly. In two hundred consecutive private cases, Dr. Rodman found cancer and abnormal involution to be the most common diseases of the breast. In this series eighty-three were cancer, five sarcoma, six papillary cyst adenoma, six tuberculosis, thirty benign, three galactocele, and sixty-seven abnormal involution. Hence in this series of two hundred cases the malignant tumors and the so-called benign tumors, which are potentially inalignant, plus the six cases of tuberculosis, which should have a radical operation, make a total of one hundred and sixty-seven cases which come under the head of malignancy,

A few points in the differential diagnosis may be of interest at this time. Abnormal involution occurs usually about the time the breast takes on its normal atrophy and is an exaggeration of this process. It is usually a bi-lateral disease while cancer is almost always unilateral, one breast only being involved at a time. Dr. Rodman said that in thirty years experience he has seen only two cases of cancer in which both breasts were involved at the same time. Again, abnormal involution is always painful except during the terminal stage and this is due to adhesions and pressure. Abnormal involution is more likely to be painful just before the menstrual period with hard nodular spots where the pain is accentuated and is more likely to involve the periphery than the central portion of the breast, with cysts behind the nipple and a clear waterly discharge. Rarely this is a picture of cancer. In abnormal involution the superficial veins are usually enlarged and the enlargement of the adjacent glands is not so marked and they never coalesce, while in cancer the glandular enlargement is a prominent feature and they usually coalesce. About twenty-five per cent. of the cases of abnormal involution terminate in cancer. Dr. John Speese, of Philadelphia, who has done a great deal of work in this field, found that twenty-five per cent. of the cases he has watched at the University Hospital, terminated in cancer. Thus it will be seen that with this percentage of malignancy occurring in cases of chronic cystic mastitis, partial removal of the gland is not to be considered. The entire gland should be removed by a radical operation. When the patient is a young girl, and a single quadrant only is involved, this may be removed and the remaining surface thoroughly burned with the thermocautery. Even these patients, if they insist on this procedure against our better judgment, must be made to understand that they take this risk themselves for they will usually come back with a recurrence.

In the series of two hundred cases spoken of, five of the six cases of papillary cystadenoma showed marked cancerous degenertion at the time of operation, and occurred in in patients ranging from forty-eight to fiftytwo years of age. The condition is nearly central, occurring usually behind the areola-It is painless at the beginning and there is a discharge of pure blood from the nipple. The skin is usually not adherant and the axillary glands are not likely to be involved. Papillary cyst-adenoma, Dr. Rodman no longer considered benigh and advocates treating it in a most radical manner and the same is also true of Paget's disease, a condition on which pathologists, surgeons and dermatologists at one time differed so widely. We now know that the skin manifestations of Paget's disease is but an extension of the deeper trouble and is secondary to it and not a primary lesion as held so long by the skin men. The proof of this is that on careful examination, the deeper you go in, the more marked you will find the disease. While the superficial lesion is usually benign, the malady is cancerous from the beginning; the worst kind, and is never cured, that is, never passes the five year limit. Cases of acute carcinomatous mastitis should be diagnosed so as to avoid operation. The breast is firey red and looks like an abscess. The glands are quickly involved and the prognosis is nil.

The treatment of cancer of the breast, inasmuch as it is primarily a local disease, should

be radical, that is-complete excision with dissection and removal of all involved and adjacent glands. The X-ray, radium, clectricity, etc., have no place in operable cancer. The X-ray is sometimes of value as a support to an operation, but none of these agents have any place in the treatment of cancer of the breast until after operation. Early diagnosis by means of frozen sections made at the time of the operation, and a radical operation is the only nearly positive method of cure.

Dr. Rodman then told how the younger Gross, with his "dinner-plate" incision, long ago claimed to cure nine per cent. of cases of cancer of the breast. He removed a great deal of the skin in the breast area, but did not remove the muscles unless they were adherent and he did not thoroughly dissect out the axilla and remove the involved chain of glands. Later twenty-one per cent. of cures was reported and later still Halsted, of Baltimore, reported forty-four per cent. of three year cases. This for the average cases is a good percentage. With private patients, however, better results are obtained than with ward Five years should elapse before it is reasonable to say the patient is cured, this without recurrence, although recurrence in the rectum, stomach or uterus should not be taken into consideration as these organs have no lymphatic connection whatever with the breast. Three year cases are fairly good.

In describing his technique of operating, Dr. Rodman used lantern slides showing step by step the various incisions and dissections from the primary incision to the closing of the wound after the operation.

Dr. Rodman's subject was discussed by Drs. Darnall, Marvel, Senseman Conaway and Stewart.

The second number on the scientific program was a well prepared paper, which was read by Dr. George M. Gould of Atlantic City. Dr. Gould's paper was entitled, "Constitutional Diseases Resulting from Eye Strain," and dealt with the connection of practically every constitutional disease heir to mankind, with migraine. Dr. Gould cited from case records, selecting from twelve to fifteen hundred coming under his own observation, instance after instance where patients who had gone the rounds of physicians and specialists, being treated for hyperchlorhydria, deafness, prolapsus uteri. vertigo enteroptosis, headache, cardiac disease, constipation, epilepsy and whatnot; after being fitted with proper glasses went away comfortable and happy.

Dr. Gould proved without question that the eyes are the most important organ of the human anatomy, and at the same time the most abused of all. He stated that there are not more than ten pairs of perfect eyes in existence. that is, perfect for every task to which it is possible to put them. Dr. Gould's paper was discussed by Dr. Frisch, who took exception to some of his statements as being a trifle narrow, but who at the same time agreed with him that a great many of the common troubles and complaints can be relieved with proper glasses.

Dr. Theodore Senseman concluded the program by presenting a very interesting specimen of "Enlarged Thyroid" which he had removed from a patient. It was a cystic goiter and the largest Dr. Senseman had ever seen. Dr. Rodman in closing the discussion, refered to Dr. Senseman's case as very interesting, and to the specimen as one of the largest he had had an opportunity of seeing.

Adjournment.

BERGEN COUNTY.

Fred S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, March 9th, 8.15 P.

President Dr. Freeland occupied the chair, 24 members being present and several guests. Scientific program: Dr. Edward L. Keyes,

Jr., New York City, gave an illustrated address on "Lantern Slide Demonstration of the Radiographic Diagnosis of Surgical Diseases.'

The doctor's talk was highly instructive and his pictures were of great diagnostic value.

Dr. A. B. Spiegelglass, of Dumont, was elected to membership.

The meeting adjourned after a social ses-

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Public Health Education Committee of the County Society scored a significant advance in the propaganda of the A. M. A. for improving the relationship of the public to the medical profession, in a meeting held jointly with the Newark Public School Principal's Association on March 17th. The subject was "Should Sexual Hygiene be Taught in the Public Schools?" and the speaker was Dr. Ira S. Wile of the Board of Education, New York. The paper was so excellent, not only in its being on this important subject, but also in the high quality of its presentation, that it has been requested for publication in the Journal, and it should be read by everyone interested in, or responsible for, the subjects taught in the schools. Dr. Wile began by changing the title to "Sex Education," as it should be. pointed out that it is practically admitted by us all that children, even of very, so-called, innocent years have knowledge about sex matters and therefore the question is not shall they be informed, but the more pertinent oneshall they know clean truth or be at mercy of irresponsible, not to say vicious, influences; that our plan of education is sadly lacking in, traditionally, avoiding this, while filling it up with other subjects which, however useful to coming fathers as bread winners or mothers as house-keepers, cannot have more vital relation to the health of parents and children or the happiness of American homes. A strong point he made of the time to begin educating the child, which should be in early years, and along lines biological, preparing him for developing knowledge with his growing years, rather than waiting to begin with what becomes the perplexing problem of venereal diseases. Speaking as an educator, as well as a physician, he advocated no fixed arrangement in allotting teachers to this subject, but selection of them by judgment as to special qualification for the given grade.

The Essex County Pathological and Anato-

mical Society held a regular meeting on Thursday, March 11th, and presented a program of wide interest as usual.

Cases: 1. (a) Epidemic Cerebro-spinal Meningitis, unusual features; (b) Sodium Fluoride Poisoning, (City Hospital) Dr. Horsford; discussions by Drs. McKenzie, Martland and City Chemist H. B. Baldwin; 2. Difficult Midwifery Cases, illustrating: Rupture of Uterus, (City Hospital); Secondary Abdominal Pregnancy, Drs. Mitchell and Herold; 3. Malignant Fibro-blastoma of Sphenoidal Sinus, (Eye and Ear infirmary), Drs. Eagleton and Sutton; 4. Appendicitis from Oxyuris Vermicularis, (St. Michael's Hospital) Dr. Hagerty.

Specimens: Unusual Demonstration of Pathological Specimens from City Hospital, Pathological Staff; 2. Carcinoma, body of uterus; 3. Sloughing Fibroid with Polypus in cavity of uterus; 4. Decidua; 5. Hematoma, ovary, of extraordinary size, Dr. E. J. Ill. Resume: 1. Melano-blastoma of Lower Extremity, (City Hospital) Dr. Van Ness; 2. Treatment of Osteosarcoma of Long Bones from Pathologic Standpoint, (City Hospital) Dr. Martland.

The William Pierson Medical Library Association, Orange, met Tuesday, March 16th, and heard Dr. John G. Clark, of University of Pennsylvania, in a lecture on "The Coincidence of Gynecologic Lesions with Other Diseases of the Abdominal Organs." This closes their season of usual, good, scientific meetings.

The Medical Library Association announces affiliation with the Charles J. Kipp Memorial Library (at Newark Eye and Ear Infirmary), whereby applicants for medical books and periodicals at the Pubilc Library will have access to everything by means of one index, and, with the aid of trained librarians there, may obtain by easy search whatever is wanted. It means concentration of library efforts and increased efficiency by saving duplication of purchase and bringing all the literature more to the hand of readers.

The Academy of Medicine of Northern New Jersey held a stated meeting on Wednesday, March 17th. and heard Dr. Joel E. Goldthwait of Boston in a most interesting and original lecture on "An Anatomic and Mechanistic Conception of Diseases," wherein he enunciated his theory of faulty posture as responsible for many of those cases of nutritional or infectious nature, which are characterized by deformity in some degree. At the meeting the nominations for the ensuing year were made, the election to take place at the next meeting in April: For president, J. B. Morrison and Edwin Staehlin; vice-president, Henry L. Coit and A. B. Nash; recording secretary. E. D. Newman; corresponding secretary, H. C. Barkhorn and Wm. Freile; treasurer, F. R. Haussling and F. C. Horsford; trustees, G. K. Dickinson and A. A. Strasser; committee on admission, A, C. Christian and C. H. Wintsch: committee on library, W. E. Doremus and Raymond Mullin. The Section on Pediatrics met Thursday, March 4th, Dr. Alfred F. Hess, of New York, read a paper on Vaccines in Pertussis, giving the experiences for both prophylaxis and cure of various vaccines and the deductions reached. Nominations for the election next month were for chairman, Arthur Stern; secretary, R. H. Scott. The Section on Medicine met Tuesday. March 9th. A Symposium on Tuberculosis was given by T. W. Corwin, H. S. Martland, C. V. R.

Bumstead and W. J. Douglas. Nominations were, for chariman, A. C. Christian; secretary, A. C. Zehnder. The Section on Eye, Ear, Nose and Throat met Monday, March 22nd. George M. Coates, of Philadelphia, read a paper on Vaccine Treatment in Suppurative Otitis Media. Nominations were, for chairman, F. C. Webner; secretary, H. C. Barkhorn and Wm. O'G. Quinby. The Section on Gynecology met Thursday, March 25th. Victor Parsonette read a paper on Cystic Degeneration of Ovaries and J. B. Morrison one on Cardiac Complications in Pregnancy. Nominations were, for chairman, Charles L. Ill; secretary, J. T. English.

GLOUCESTER COUNTY.

George Evans Reading, M. D., Secretary.

The Gloucester County Medical Society met on March 18th at Hotel Paul, Woodbury. The only epidemic diseases reported were mumps and chickenpox. The members reported some very interesting and unusual cases as having occurred in their practice since the last meet-

The address was delivered by Dr. Charles F. Nassau, of Jefferson Medical College Hospital, Philadelphia, who spoke upon the choice of anaesthetics in various conditions, making a strong plea for local anaesthesia, by infiltration, in all minor and many major operations, especially in those cases where the administration of a general anaesthetic added largely to the danger of the operation.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society occurred March 2, 1915 at the

usual place.

Dr. F. H. Edsall, Superintedent Health Bureau, spoke on the general questions involved in this department and emphasized that it would hereafter be the special aim of this department to act in co-operation with the attending physician, and that thorough laboratory facilities would be afforded soon. He believed that in the past six months many cases of supposed diphtheria were septic throats, and it appealed to him if we get down to a better method of diagnosis, it would shorten the quarantine in many cases, and save the family and physician much annoyance, and with this end in view he is now developing an expert in diagnosis of contagious diseases, who is at the present time training in a New York Laboratory. When the scheme is in full working order, if a physician desires assistance in the diagnosis of a doubtful case, this man's services will be available, but only in conference, and at the request of the attending physician, and of course his opinion would help to settle dubious cases. In diphtheria he thought it would be in the finding out through medical inspectors at what stage in the disease autitoxin was used, and how much, as this cumulative evidence would be of much statistical interest.

He advocated the release of a diphtheria patient only after two negative tests on different days, and these cultures could readily be taken by the inspectors, and this would relieve the attending physician from much of the annoyance where a family is too insistent on a release, while yet a menace to the community. The benefit of an expert's advice in scallet fever and smallpox can readily be recognized. His whole idea was to make the Health Bureau helpful, and he wanted the profession to feel that the attitude was co-operative, with a sincere wish to avoid all the annoyances to the medical man, and he therefore asked for an expression from the society.

Dr. F. D. Gray wished to voice his gratifieation after listening for the first time in the history of the Hudson County Medical Society to the Bureau of Health, bringing practical measures before our body, and asking whether we are in sympathy with the same, and, as he construed it, looking for suggestions. He considered it a red letter day, and hoped there would be a repetition whenever necessary. He wished to know in collecting the antitoxin information, if it was the intention of the bureau to find out from the family or physiclan, and Dr. Edsall in answering stated that this interrogation was made through the physician whenever possible, and the inspectors only applied to the family when other efforts failed. Dr. Gray felt it would be preferable to get the fullest information at the termination of any case, through the attending physician and he did not think there was any member of the organization who would not willingly furnish it. He offered a resolution that this soelety go on record as endorsing the various measures and projects which Dr. Edsall had recited—the recourse to laboratory work, the assistance in diagnosis along all lines of contagious diseases; the matter of quarantine to be left to the Bureau of Health in good feeling; that we approve of their checking up the question of antitoxin and, finally, that the contagious diseases which can be checked by culture methods, be left to the Board of Health.

Dr. George E. McLaughlin spoke on the friction that might ensue between doctors and the health board, on the attempt to ascertain amount, etc., of antitoxin, and he did not see much to be gained by this information. Dr. Edsall said that if there was any well founded objection for objecting to this phase, the board of health would not insist, but he felt that even with all our knowledge of antitoxin, that with more eareful records as to the amount, time of administration, etc., some useful information might yet be obtained, and this would be kept entirely within the board of health records, and not published except en masse in statistics, and perhaps with more study might lead to something new.

Dr. McLaughlin had in mind a case where the family physician had given a fair dose of antitoxin and, say for example, the patient died the same or next day, and then an inspector asks the family how much was given, and perhaps arouses in their mind a feeling of distrust, and furthermore, he believed the work of Dr. Park had almost settled the question of dosage.

Dr. F. D. Gray had in mind in offering the resolution that these things should be taken up with the family physician, and furthermore, he felt that a year from now Dr. Edsall would be eognizant of all conditions here in Hudson County, and that everything could be worked out harmoniously.

Dr. Hamilton Vreeland thought there might

be strenuous objection from a certain clientele to inspectors taking the cultures, and Dr. Gray stated that if the physician mentioned that this was the routine work of the health board, the objection would be nullified, and Dr. Edsall supplemented this argument by mentioning that in other cities the health inspectors made the cultures, and thereby saved the attending physician some trouble and perhaps criticism.

Dr. H. M. Jaffe asked when the release action should be taken, and Dr. Edsall replied on request of the attending physician, or when he concluded the patient was clinically well, and after the disappearance of the general symptoms.

Dr. Wm. Freile moved that the resolution be referred to the Health Committee, but Dr. Spence and two other members of this committee being present, and stating their affirmative attitude, the resolution was on vote earried as originally propounded.

Dr. F. D. Gray then gave a synopsis of a special meeting which had been held on February 27, 1914, which was unique in the histery of the Hudson County organization, inasmuch as five legislators accepted the invitation tendered them, and nearly two hours were spent in profitable discussion on matters pertaining to public health, etc. In brief, this meeting had for its object the consideration of the "Read Bill," introduced January 12, 1915, and is "An act to increase the efficiency of public health protection in this State; to abolish the State Board of Health and to create a State Department of Health, and to present and define the powers and duties of such department." Under this arrangement the State Department of Health would consist of not less than two physicians, not less than two sanitary engineers, and not less than two veterinarians; in other words, eight nonsalaried officials, appointed by the governor, consisting of at least six professional men. This act gives the State Department the right to call local boards to order, if remiss, and charge the expense, if any, to the local board of health. It brings the action of eight men to bear on any matter, rather than one man.

On the same oceasion the Barber Bill was also discussed. This is an act looking to amend the act of May 22, 1894, regulating the prices of medicine and surgery, the licensing of physicians and surgeons, and the punishment of persons violating the provisions thereof. This bill raises the requirements of prellminary education, and after next year provides that every applicant for a degree in medicine shall have served one year as interne in a hospital, approved by the board. This aet also defines the praetice of medicine in a more comprehensive way, as to diagnosing or treating any infirmity or human ailment, or injury or deformity. It includes Christian Scienists, osteopaths and all these cults as within the practice of medicine. It also provides for ehange in the punishment for violation of law.

The third bill discussed at said special meeting, is the only one which might be termed selfish. This act aims to adjust the amount paid by an employer for first two weeks after an injury, from \$50 to \$100, the original amount of the Employers' Liability Act, before the act was amended, and also inserts the word "surgical" so as to make the act in-

clude beyond doubt payment for surgical services. The change to maximum fee of \$50 was made in 1913, but this since has been found to be entirely inadequate for two weeks' liospital bill and medical or surgical services.

We regret that lack of space prevents a full report of this meeting—this conference of legislators with a body of medical men—but the innovation is one which should establish a precedent, for subsequent application, as it is well known how difficult it is to get a legislator's car during the active session. At any rate, the State president felt that the meeting was a step in the right direction—a further evidence of the aggressiveness of Hudson County, and he hoped it would be productive of much good.

Some routine business was then transacted, and the meeting proceeded to the scientific

section.

Dr. A. E. Jaffin read a paper on "Our Responsibility in the Tubercular Problem," and Dr. B. S. Pollak, superintendent of the Hudson County Tuberculosis Hospital, presented an exhaustive and scientific essay on "Tuberculin as a Diagnostic and Therapeutic Agent in Tuberculosis."

These two timely and highly interesting articles, with the discussion thereon will be pub-

lished at an early opportunity.

Dr. S. A. Woodruff, of Bayonne, voiced a protest against the amount of time consumed in discussion of legislative and health matters, and felt that after an audience had been tired, and the hour late, it was not fair to the essayists who had spent many weeks or months in preparation. This sentiment seemed to prevail with the meeting, but a change of bylaws would be necessary to alter the business order, so the subject was left open for further discussion, and on motion, adjournment was taken.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Morris County Medical Society held its regular meeting at the Mansion House, Morristown, at 8.30 P. M., March 9th, 1915.

This, the first evening meeting, was an unqualified success. Two-thirds of the entire membership and all the officers were present.

Copies of the by-laws published by the American Medical Association had been mailed to each member and the Committee on Revision of the By-Laws reported in favor of their adoption. During the discussion on this matter, it was pointed out by Dr. Thomas N. Gray, of East Orange, secretary of the State Society, that in several instances they were at variance with the by-laws of the State Society and the subject was referred back to the committee for comparison before reporting at the next meeting.

Dr. Guy Brewster, of Dover, read a paper on "Earache and Its Relation to Diseased Teeth," in which he said that he had had several patients who complained of severe pain in the ear as if from sudden blow, inability to open the mouth with tinnitus and loss of weight. These on having a proper examination made of the mouth were found to have teeth that were diseased, improperly filled or contained painful dentin. After the teeth were attended to the symptoms subsided and the

ear was no longer troublesome or painful. The referred pain could easily be accounted for by properly remembering the ramifications of the fifth nerve and the teeth that it supplied.

In the discussion reference was made to the fact that dentists did not always carry out instructions from physicians and often preferred to treat teeth, to allow old roots to remain for cosmetic or supporting purposes or to palliate when prompt action was necessary. Reference was also made to the fact that many physical complications could be traced to poor oral conditions including enlarged glands of the neck, tonsillitis, gastric ulcer, appendicitis and the many pains spoken of so commonly as rheumatic in origin.

The finding of amocba in oral infections and the use of emetine hydrochloride hypodermically for the cure of such conditions was men-

tioned.

Among those discussing the paper were Drs. T. N. Gray, C. C. Beling, Knowles, Flagge, Douglas, Vaughan and Kice.

The next place of meeting will be at Dover and another evening session will be held.

PASSAIC COUNTY.

Chas. R. Mitchell, M. D., Secretary.

The regular monthly meeting of the Passaic County Society was held in the Braun Building, Paterson, on Tuesday, March 9, 1915. There were present thirty-eight of the regular members and Drs. Pretaturo, Connolly and Walker.

Dr. Hogan presented for Dr. Cox a child of seven on whom the latter had operated for appendicitis. Dr. Hogan spoke of the rarity of diagnosis of appendicitis in young children and the possibility that many cases diagnosed as gastro-enteritis were possibly mild attacks of inflammation of the appendix. Dr. Rogers opened the discussion and spoke of the tendency to funnel-shape in the appendix of children and the consequent freedom from foreign bodics acting as local irritants. Dr. McCoy said that such difference, so far as he knew, did not exist and spoke against too quickly, making the diagnosis in young children as many times pneumonia was easily mistaken for it.

Dr. Spickers presented a patient who had had a fracture of the lower end of the femur treated with a Hodgen Splint. The patient had been comfortable and the X-ray showed a very good result. There was no limp and no shortening. Dr. Wm. Neer presented a bone about three inches in length taken from the abdominal wall of a man whose only complaint had been pains. The bone lay in the soft tissues across the linea alba and at the top of an old scar, the result of a previous operation for the same complaint presented for diagnosis.

Dr. Oram suggested an ossification of one of the transverse lines of the abdomen.

Charles V. Duffy, Collector of Internal Revenue, Fifth District of New Jersey, attempted to clucidate the intricacies of the Harrison act and several of his interpretations aroused some heated discussions. According to Mr. Duffy "personal administration" meant only treatment at the patient's home. Office administration, such as topical applications of cocaine, etc., must, according to a Treasury Depart-

ment ruling, be regarded as dispensing and a record kept. Mr. Duffy was accorded a vote of thanks.

Edward T. Moree, advertising expert in public health education, gave a most interesting address on "Printer's lnk as a Life Saving Agent." This address, as given by the Paterson Morning Call, is forwarded herewith to the Journal.

Dr. Jno. F. Regan, health officer of Passaic, read a paper on "The Visiting Nurse and Her Value in Public Health Matters." Dr. Regan believes that individual instruction is the greatest factor in disease prevention and that no one can earry out the details of such work as well as the visiting nurse. In her instructions to school children she gave suggestions that are carried to the homes. In making her rounds she unearthed many cases of tuberculosis that were not receiving any attentions. She was the personal instructor of the mother before the birth of a child and later in the proper preparation of artificial feeding. Her visits to factories and large stores were of immense value in eliminating improper industrial surroundings. Taken all together the visiting nurse is a very important adjunct in public health endeavor. .

The Board of Censors reported favorably upon the applications of Dr. Colfax, of Pompton Lakes; Dr. Drake, of Newfoundland; Dr Putaturo, of Paterson; Dr. Coen, of Clifton, and they were elected to membership.

For the dinner committee Dr. Morrill reported progress, along the lines of watchful waiting, but asked to be relieved of the duties of the chairmanship. After some discussion the question of a dinner was laid on the table and the committee discharged.

(The length of Mr. Moree's address compels delay in its insertion this month. We will insert in whole or in part next month.-Editor.)

Correction.

In the report of the Passaic County Society meeting of February 8, on page 130. March Journal, it is stated that Dr. J. Browne, said 'that the tuberculin test has never been insisted upon by reason of the fact that reaction did not show only in advanced cases." What he did say was: "That the more advanced the case of tuberculosis, the less chance there would be for a reaction to take He also stated that "The proper scientific pasteurization of milk with hygienie surroundings at the dairy were the best solutions of the milk question, as it exists to-day for the preservation of the public health." The mistake occurred through the newspaper reporter's misunderstanding of the doctor's remarks .- Editor.

Local Medical Societies.

THE ASSOCIATED PHYSICIANS OF MONT-CLAIR AND VICINITY.

Walter B. Mount, M. D., Secretary.

At the regular meeting on Monday evening, January 25th, 1915, the members of the society were addressed by Dr. Frank S. Meara. of New York, Professor of Therapeutics, Cornell University. Dr. Meara's subject "Chronic Arthritis." He said:

Chronie arthritis is a common condition. The classifications of joint diseases are very numerous and confusing; such a classification may be based on etiology, or on pathology, or on the clinical symptoms. Dr. Barker, of Johns Hopkins, makes five great groups, as follows:

I. The true gouty arthropathies: II. The arthropathies of severe nervous disease, such as tabes; III, Hypertrophic osteoarthropathies, as, for example, the senile hip; IV. The secondary ehronic arthropathies, due to syphilis or gonorrhea or tuberculosis, or to small foci of infection with pus organisms; V. Chronic progressive polyarthritis or arthritis deformans.

Ι. Gout is a metabolic disease, with the accumulation of purin substances in the blood. The urle acid in the blood is important, not that in the urine. In studying and treating a case it should be watched on a general diet, on a purin-free diet, and then on a diet containing definite amounts of purin substances, in order to learn the urie acid tolerance, just as we find the earbohydrate tolerance diabetes.

H. The arthropathies due to severe nervous diseases, as, for example, Charcot's joint,

will not be considered at this time.

111. The hypertrophic osteoarthropathies appear in later life, and are due to slight injuries at that time of life which makes the joint susceptible to infections or chemical attack. Uusually only a single joint is involved, or a few joints. It is really a degencrative condition. Sparing the joint throws unduc strain on the neighboring joint or joints and lowers its or their resistance so that the same change later occurs there. Added infection may also influence the neighboring joint. Our effort in treatment should be to obtain the maximum rest for the affected joint, and secondarily, to discover and treat any foci of infection.

IV. Rheumatism formerly seemed a clearly defined condition, but now appears to us very vague. Poynton and Payne isolated a diplococcus rheumaticus, others have identified a micrococcus rheumaticus, Rosenow a streptococcus rheumatius, others a streptococcus viridans, not the same viridans as that found in eases of fatal endocarditis. These organisms all have been recovered from cases of arthritis. It may be that the same organisms have different appearances due to differing environment. An etiological classification of the secondary chronic arthropathies is not satisfactory to the clinician, although this classification is of value therapentically. The pathologists say that in order to call a condition rheumatism there must exist certain changes in the heart, the submilliary nodules of Ashhurst; but this diagnosis by a condition discoverable only at autopsy comes too late for practical use. Fibrous nodules along the tendon sheaths and bones are important in classifying a case as rheumatism.

The first requirement is to search for the organisms, a search which should begin with the blood. A streptococcus viridans is often found, not the streptococcus viridans of Schotmuller. The tonsil is not as valuable as the blood as a means for recovering the organism. It is necessary to get into a crypt of the tonsil in order that the culture be of any value. The complement fixation test checks

up the findings by culture from the tonsil. The technique of complement fixation is, however, too difficult for general use. A positive complement fixation test shows that the organism in question in the particular case is not a chance invader. In a rheumatic subject diseased tonsils should be enucleated, especially the fibrous tonsils which do not stick out but are flush with the pillars of the fauces and innocent looking, in which the crypts are closed and infection forced back into the blood stream. From the crypts before and after enucleation there may be obtained useful organisms. The absence of recrudesences is an important result of enucleation of the tonsils

The joints are not a good point of attack except in the first 24 hours after the onset of the arthritis. After that the joints are almost always sterile pathologically. The subcutaneous nodules along the tendons and bones are an excellent point to attack (in order) to recover organisms. The gums in pyorrhea may be cultured. Failing to obtain cultures from these regions, a complement fixation test with organisms from group cases may be done, but is very difficult and not very practical. In the way of treatment, the indications are to remove any source of infection, and to use autogenous vaccines. So-called chronic rheumatic arthritis has usually turned out to be a chronic gonorrheal or streptococcus arthritis. The gonococcus infections are easily tested by complement fixation of the patient's blood with stock gonococcus cultures. The history of a real chronic rheumatism should include a negative history of gonococcus infection, a history of true rheumatism, the sequence of acute quickly becoming chronic (rheumatism), involvement of the heart, the presence of subcutaneous nodules, the finding of organisms which ring true to organisms recovered from acute rheumatism; and an acute exacerbation of the symptoms of rheumatism caused by the use of vaccines.

Among the secondary chronic arthropathies we class Still's disease, with involvement of the small joints and the chronic periarticular changes, cnlargement of the spleen, and often of the liver, and enlarged glands. 50% of these cases occur before the second dentition The heart is usually normal. Modified Still's disease begins as a chronic process. Many small joints are involved, the regional glands are enlarged ,the liver and splcen usually not enlarged, and the heart may or may not be affected.

The streptococcus viridans has been recovered sometimes from the urine in cases of chronic arthritis. In one such case there was improvement in the joint condition under treatment by vaccine made from the organisms recovered from the urine. In a recent article from Ancona, Panama, it is claimed that syphilitic arthritis forms a large per cent. of the secondary chronic arthropathies.

There is a proliferative arthritis in which the synovial membrane spreads over the cartilage and destroys it, and a true fibrous ankylosis results, with an overgrowth of bone near the joints and of the periarticular tissues. This often simulates rheumatism, of which the large per cent. in adults are cases of toxic arthritis. Rheumatism in adults usually does not occur except as a recrudescence.

gonococcus is the organism most frequently recovered; the streptococcus is responsible for many cases.

Toxic arthritis gives some hope of benefit from treatment. Search for foci of infection, clean these up or remove them, make cultures and autogenous vaccines. It is important to treat or remove the focus of infection. Vaccines help only by increasing the patient's immunity. Foci of infection may be found in the following situations:

- 1. The sinuses should always be examined, preferably by a specialist, even when they are not suspected. X-ray pictures may help
- 2. The teeth and the antrum of Highmore are responsible as often as the tonsils are in cases of true rheumatism. Many cases have a pyorrhea or abscesses at the roots of the teeth. The X-ray may help much in this last condition. The ears should be considered. Chronic otitis media is not a common cause but a chronic discharging ear should always be investigated.
- 4. Foci of infection in some remote quarter of the body are responsible for a certain group of cases of ulcer of the stomach; or cholecystitis; or appendicitis of the obliterative type with symptoms of chronic indigestion. Then these lesions may become fresh foci of infection, producing chronic arthritis. Surgery here is necessary.
- 5. Phlebitis may be a manifestation of infection and a cause of arthritis. Organisms may be recovered in these cases.
- 6. Pus tubes are relatively rare as a cause of arthritis.
- 7. Diverticulitis may cause an arthritis by harboring organisms.
- 8. Hemorrhoids and fistula in ano should be examined for and treated if found.
- 9. Infections in the genito-urinary tract may be responsible. The gonococcus may be recovered. The prostate may be responsible even when the gonococcus is not found; often in these cases the gonococcus has disappeared and the streptococcus holds the field.
- 10. Bronchicctatic cavities may be a causative factor. The condition cannot be cured, but may be relieved by residence in a warm climate.
- 11. Blood culture should be taken in all doubtful cases.
- 12. Knee exudates may yield results if taken 24 hours after the onset of arthritis.
- 13. The glands above the affected joints must be considered. Successes have been reported in using cultures made from the glands most involved above the most acute joints.
- 14. The urine may be cultured; and such cultures have shown streptococcus viridans, and in, at least, one case an autogenous vaccine caused improvement in the joint condition.
- 15. The intestinal canal should be considered and cultured. Organisms have been recovered by Rosenow from the mucus of the intestinal contents. Enteritis or entero-colitis sometimes occur as manifestations of trouble and should never be unheeded.

The complement fixation test is very valuable, testing the patient's blood with numerous strains from kindred cases. And yet cases classed as toxic arthritis are often really cases of rheumatoid arthritis.

V. Primary (chronic) progressive polyarthritis, or rheumatoid arthritis, or arthritis deformans occurs especially in women at about the time of the menopause, has an insidious onset in the fingers, and is progressive. There are more profound changes in the organism involved, not only an anaemic condition but a wasting of the muscles and other tissues, a real cachexia. These cases are the worst cases, the most malign, and give the least promise of being helped. There are two classes in this group. In the first the process is initiated by acute changes at the start and later exacerbations increase the pathological process; in the second class there never are any acute changes. An assiduous search should be made for a focus of infection, but usually nothing is found; few foci of infection Therefore it has been are discoverable. thought that these cases are due to chemical, metabolic changes with a readjustment of the internal secretions. Therefore empirical methods of treatment have been tried. But even in this group one should go through the search for foci of infection.

Goldthwaite believes that many of these cases are due to changes in posture, or to congenital defects inducing visceroptoses, which induce stasis, which allows of absorption from the intestine. Very many cases show striking visceroptosis, often very marked. Goldthwaite says that the visceroptosis should be treated by excercises and support. Gram-positive organisms are usually recovered from the stools. which are often very alkaline in reaction, sometimes acid. Intestinal irrigations, lavages, etc., are used logically. Pemberton of Philadelphia believes that these cases show a diminished tolerance for carbohydrates and proteids. He finds the patient's natural intake, reduces this to 700 calories and reduces the proteids to 71/2 grams after the patient is put to bed. The published results are good. Opie says that the proteid molecules add insult to the lesion and that the carbohydrates shield it and lessen the proteid destruction of the body. This proteid destruction must be taken care of by the liver and kidneys especially.

Thymus gland extract, grains XV three times a day, may be used, should be continued for six months or longer. It has helped in some cases, but has not seemed to produce permanent cures. Dr. Charleton Wallace of Cornell uses pituitary extract, 1 cc. of a 1% solution of the whole pituitary gland being injected daily for two to three weeks, discontinued for a week, and then resumed. Onethird of the cases have been much benefited.

Any focus of infection should be removed if possible. Vaccine may possibly help this group of arthritis deformans.

The paper was discussed by Drs. J. S. Brown Baldwin, Areson. Newton. Carman, Wallace Hanan, Casc, Mabey and Meara.

The usual suppor and social nalf-hour closed a very instructive evening.

February 22 Meeting.

F. Elmore Hubbard, M. D., Secretary Pro Tem.

The regular meeting of the association was held February 22, 1915, at the Montelair Club. Dr. James Alexander Miller, Professor of Clinical Medicine, Columbia University, College of Physicians and Surgeons, New York, was the speaker of the evening, his subject being, "Modern Methods of Treatment of Pulmonary Tuberculosis." A brief summary of Dr. Miller's remarks follows:

Rest—Absolute rest during the fever is not always advisable, and in the past this rule has been too closely followed. Many patients under this regime were unfitted for future use. Under regulated exercise in moderation, improvement both physical and mental is not only more rapid but very much more permanent. Exercise also produces auto-inocculation. However, experience is necessary to know when and how much exercise to prescribe.

Nourishment—Feeding has been over-dong in the past, especially in the matter of eggs, indigestion, especially of the intestinal type, being produced. Milk should be given with meals if the patient digests it readily. Raw eggs, of course, are indicated in many cases, but a dozen a day are not given any more.

Climate—What one does is more important than where one does it. As a general rule, the young benefit in a cold climate, while elderly people do better in a warmer country. Profuse bronchial secretion and laryngeal cases often do well where it is high and dry. Sometimes a change is advisable from a psychic as well as a physical standpoint.

Immunity-Many experiments have been made in the endeavor to secure immunity by using attenuated living tubercular germs, Dr. Trudeau doing some notable work on rabbits' eyes and guinea pigs. Passive immunity has not been very successful. Tuberculin, following a period of over-use, is now used too little. Tuberculin is adaptable in comparatively few cases, but where indicated, patients seem to lose bacilli in the sputum quicker and relapse less readily. It is contra-indicated in cases of high temperature and in hemorrhage cases. It is especially efficacious in chronic fibroid cases—those which have gotten into a rut. The initial dose is gm. .0001 and the maximum does is gm. .100. The symptoms of reaction are increased cough and expectoration and redness locally. General reaction should be avoided.

Chemo-therapy—The theory of this is similar to Erlich's 606. Various substances have been used, including methylin blue, copper salts, iodine, lime and tuberculo-iodine.

Mechano-therapy—Artificial pneumo-thorax splints the lesion. Nature does the same thing to a lesser extent with hydro-thorax. mo-thorax may be produced with hydrogen gas or with air. Morphine is given previously and the tissues cocainized clear down to pleura; otherwise there may be a severe plcural shock. Hemorrhage is beautifully controlled by this method, 900 to 1400 c.c. being injected. narily two or three hundred c.c. are injected at a time-three times the first week, two the second week, one the third week, and once a month for two or three times. The X-ray is the best guide. Of course, one must make sure that the lesion on the other side is not too extensive, especially of the lower lobe. This method may be used as a short time treatment in early cases. In chronic cases it is difficult to know when to stop.

Surgical procedures—Various methods have been tried, including: Extensive resection of ribs, second or third to ninth or tenth in axillary line; incising phrenic nerve; and tam-

pon with parafine or animal fat.

Dr. Miller also exhibited a machine for injecting hydrogen gas for artificial pneumothorax, and showed an extensive series of excellent radiographs on the screen.

MORRISTOWN MEDICAL CLUB.

E. Moore Fisher, M. D., Morris Co. Reporter.

The Morristown Medical Club held its regular meeting in Madison on the evening of Mar. 3rd, 1915, at the house of Dr. F. H. Seward, the host of the club.

Dr. F. W. Owen was in the chair.

Along with many members of the Society Drs. C. C. Beling and B. M. Mikels, of Newark, were present as guests of the society.

Dr. H. S. Martland, Pathologist to the City Hospital, Newark, gave a very interesting and instructive address on pathology. The doctor first showed Barker's classification of chronic joint troubles by means of tabulated forms. After which he took up each group separately stating the principle symptoms and giving the methods of differential diagnosis, which for many required, besides X-ray pictures, all of the recent finer laboratory tests. Following this the doctor showed several dry specimens showing sarcoma and granuloma of the long bones near the knee joint and spoke of the methods of diagnosis of each, mentioning the opinions as to operation of Bloodgood and Coley. The doctor showed specimens of two recent cases of ruptured uterus giving the history of each, also a specimen from an ectopic gestation where the child nearly reaced full term in the abdomen after rupture of the tube.

After adjournment, those present enjoyed a pleasant repast before bidding the host good-

SUMMIT MEDICAL SOCIETY

William J. Lamson, M. D., secretary

The regular monthly meeting of the Summit Medical Society was held at the Highland Club Friday evening, February 26th, at 8.30 P. M., Dr. Lawrence entertaining and Dr. Hamill in the chair.

The following members were present: Doctors Baker, Campbell, English, Gorton, Hamill, Keeney, Krauss, Lamson, Lawrence, Meigh, Moister, Prout, Smalley, Bowles, Tweddell and Jones, and the following as guests of the society: Doctors Carhart, Bramley, Vaughn and O'Reilly of Summit, and Mr. Thomas B. Adams, Mr. George McCutcheon and Mr. B. V. White of Summit.

The minutes of the previous meeting were read and approved. The secretary read a comnim ication from the Board of Governors of the Highland Club in reference to the use of the clubrooms for the meetings of the society.

The paper of the evening was read by Dr. W. H. Lawrence, Jr., on "The Community Hospital." This paper was a comprehensive review of the hospital situation in Summit, with plans for future work outlined in detail. As this paper will be reprinted in full for distribution later, a detailed description of it here is omitted. The paper was fully discussed by everyone present. Each man considered the bospital an economic necessity for Summit and not a charity.

Mr Adams said that the hospital would undoubtedly be self-supporting and that if 1000 members of the Hospital Association could be obtained with annual dues of \$5.00 this income, together with the \$3,500 from the county, would be sufficient to enable the hospital to lay aside a definite amount each year to be used at the discretion of the trustees in the future. Mr. McCutcheon said that while he had been somewhat sceptical in the past as to the success of the hospital, yet he was now of the opinion that the hospital would be successfully run without a deficit. Mr. White said that he desired to emphasize the fact that the hospital was not a charity but in reality the best form of community insurance.
Dr. Lamson moved that the paper of the

evening be given to the newspapers for publication and also that 1,000 reprints be furnished for general distribution to the citizens of Sum-

The meeting adjourned and refreshments were served.

March Meeting.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club Friday evening, March 26th, at 8.30 P. M. Dr. T. Y. Sutphen entertaining and Dr. R. H. Hamill in the chair.

The following members were present: Doctors Campbell, English, Gorton, Hamill, Jaquith, Keeney, Krauss, Lamson, Lawrence, Moister, Pollard, Rockwell, Smalley, Wolfe, Bowles, Tweddell, Jones and Sutphen, and the following guests of the society, E. B. Sutphen, Henriques, Mills, Douglass, Becker, Mial and Vaughan of Morristown, and Dr. Clark of Newark. The minutes of the previous meeting were read and approved.

The secretary read a communication from Mr. C. H. Daly, chairman of the House Committeee of the Highland Club, granting the use of the club rooms for the meetings of the society without charge, on the last Friday of each month, and the secretary was directed to reply to Mr. Daly, thanking the Highland Club for its courtesy.

A special meeting of the society was called for the second Friday in April to consider the list of appointments to the staff of Overlook

The paper of the evening was read by Dr. E. B. Sutphen of Morristown on "Mastoiditis." He spoke on the anatomy of the temporal bone. showing different specimens of the bone from birth to adult life, and gave a list of the symptoms of the disease.

In regard to the bacteriology of the condition, he thinks that smears are more indicative of the nature of the trouble than cultures as they show the prevalent type of organism present, which may be overgrown by others in cultures. He regards the physical signs as more important than the bacteriology although if the streptococcus is present the infection is a very serious one. The temperature is not always a reliable symptom as it may be comparatively low even in a severe infection. He mentioned the different indications for operation and considers the X-ray picture very valuable in showing the condition of the mastoid cells. The prognosis is good if the rules are followed with regard to operation. The mortality from operation is only 115 of one per cent,

The paper was discussed by Doetors Mial, T. Y. Sutphen, Vaughan, Smalley, English,

Roekwell, Lawrence and Henriques.

Dr. English reported a ease of sudden attack of heart failure in a man over six feet tall weighing 212 pounds, whom he had carefully examined a few days before and found in apparently perfect health. Large doses of Oigitalis had improved the condition somewhat over a period of two weeks, but the man was still seriously ill and the prognosis is bad.

Dr. Bowles reported a ease of complete anuria in a man 77 years of age which had lasted seven days, the patient being still alive

although at the point of death.

The meeting adjourned and refreshments were served.

Physicians' Association of the Hudson County Tuberculosis Clinics,

B. S. Pollak, M. D., Secretary.

A well attended meeting of the Association of Attending Physicians of the Hudson County Tubereulosis Clinics was held on Monday, March 8, 1915, at 8.45 P. M., at the Jersey City Free Public Library. President Brown presided

A communication was read from Dr. F. S. Fishberg regretting his inability to attend the meeting, but offering to address the Society at a future date. Upon the suggestion of the secretary, Dr. Fishberg was requested to address the Society at the next regular meeting.

Dr. William W. Riha, of Bayonne, was elected to active membership, and the Misses Estelle McCormaek, Sadie Fitzgerald and Nellie MeHugh were elected Associate Members.

Among interesting eases, Drs. Jaffin, Curtis and Pollak diseussed 'The Importance of Careful Examinations," which discussion was participated in by the majority of the members present.

The paper of the evening was read by Dr. W. Homer Axford, on "The Importance of the X-Ray in the Diagnosis of Pulmonary Tubereulosis," and several interesting plates were demonstrated. A general discussion followed, at the conclusion of which a vote of thanks was given to Dr. Axford, for his excellent paper.

Dr. Pollak spoke upon "The Use of Tuberculin as a Diagnostic and Therapeutic Agency" and requested members to attend the Saturday morning clinics at Jersey City, in order to familiarize themselves with the methods of administering tuberculin.

Dr. Gordon K. Dickinson addressed the members, expressing his gratification at the earnest effort that was being made by every member of the Association to advance along scientific lines, and paid a tribute to Dr. M. I. Marshak for his scientific attainments. In concluding, Dr. Dickinson assured the members of the Association that the fight for a preventorium has nearly been won, inasmuch as he has tentative assurance from the authorities as to the erection of the desired institution.

Upon motion, the meeting adjourned at 11 o'clock to meet again on April 12, 1915.

NOTICE OF MEETINGS. American Medical Association.

Annual meeting, San Franciseo, Cal., June 21-25, 1915.

Medical Society of New Jersey.

One hundred and forty-ninth annual meeting, Spring Lake, June 22-24, 1915, at the New Monmouth Hotel.

National Conference of Charities and Corrections.

Forty-second annual meeting, Baltimore, Md., May 12-19, 1915. Further notice next month.

Pan-American Congress.

The seventh Pan-American Congress will meet in San Francisco, Cal., June 17-21, inclusive. It assembles pursuant of invitation of the President of the United States issued in accordance with an act of Congress approved March 3, 1915. The Congress embraces 31 countries and colonies. It will meet in seven sections. All members of the organized medical profession are eligible and are invited to become members.

The membership fee is \$5 and entitles the holder to a complete set of the transactions. The fee should be sent to Dr. Henry P. Newhan, Timken Building, San Diego, Col. The railroad fare will be one fare for the round trip good for three months.

Dr. C. A. L. Reed, Cincinnati, is the president and Dr. R. Guiteras, 80 Madison avenue, New York is secretary-general.

American Pediatric Society.

This society will hold its 1915 annual meeting at Lakewood, N. J., May 24-26, at the Laurel House. Its place of meeting, it will be noticed, is changed from Cape May as the hotels there will not then be open.

Academy of Medicine of Northern New Jersey.

Annual meeting, April 21, 8.45 P. M. Wiss Building, Newark, N. J. Elecetion of officers. Section Meetings: Pediatrics, April 1, at 4 P. M.; Medicine, April 13, 8.45; Eye, Ear, Nose and Throat, April 26, 8.45 P. M.; Surgery and Gynecology, April 27, 8.45 P. M.

State Nurses' Association.

The thirteenth annual meeting of this association will be held in the Public Library, Elizabeth, April 6. An interesting program has been arranged.

Dr. Victor Mravlag, mayor of the city, will welcome the delegates and Dr. C. H. Schlicter will make the principal address.

To secure good exposure by a transverse incision of the upper abdomen it is important that the level of the incision should not be too high. It should pass through the wide portion of the costal arch, not far from the umbilieus.

—Amer. Jour. Surg.

THE JOURNAL

Medical Society of New Jersey

APRIL, 1915.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor, New Brunswick, N. J.

Each member of the State Society is entitled to re-

ceive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

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THE HARRISON LAW.

For the benefit of those physicians who may have overlooked the provisions of the federal Opium and Coca Law, we repeat the following:

Each physician, dentist, or veterinary surgeon who prescribes or dispenses opium or coca leaves, their salts, derivatives, or preparations, is required:

1. To register with the Internal Revenue Collector of his District, on or before March 1, 1915; to pay a tax of \$1 a year (34 cents to June 30, 1915) and obtain his Registry Number also a supply of special Order Blanks.
2. To prepare on March 1, 1915, and keep

on file an Inventory of all such drugs and preparations he has on hand at that date, which must be verified by oath not later than March 5, 1915.

3. To use the special Order Blanks for all such goods as he orders and to keep a duplicate of each order on file for at least two (2) years, accessible to official inspectors.
4. To sign all prescriptions that he writes

for these drugs with his full name and his registry number, together with the date as issued and the location of his office, also the name and address of the person for whom such prescription is written.

5. To keep a Record Book of all such drugs dispensed or distributed by him (at his office) showing: (a) the date when dispensed or distributed, (b) the kind of drug and quantity and (c) the name and residence of the patient.

Inasmuch as Uncle Sam is usually uncompromising in dealing with malefactors, our medical friends will serve their best interests if they take the precaution to comply with all of the legal requirements as set forth.—Exchange.

ANNUAL OFFICIAL LIST.

With this issue of the Journal we send, as a Supplement, the Official List of the Fellows, Officers and Members of the Med-

ical Society of New Jersey. It is due to Dr. T. N. Gray, secretary of the Society, to say that the preparation of this Supplement has been a laborious work, partly owing to the late payment of dues by some of the members, which has required a large amount of correspondence in order to get every member's name enrolled. If there are any omissions or mistakes in names or residences, please notify Dr. Gray.

THE PROFESSION'S ADVANCE.

In our last month's Journal we referred editorially to the new life that is being manifested in our profession, not only in planning for the increase of the scientific attainment of its members, but also for the unifying and harmonizing of the profession, the deepening of the fraternal spirit among, and the advancement of the economic welfare of its members. The latter phase of thought and activity—for the betterment of economic conditions—does not mean a lessening of the splendid altruistic record of the profession, but rather an increase of it, as the more thorough organization and harmonizing of the profession and the increased scientific attainments would be increased thereby and the consequent helpful and unselfish service to humanity would be intensified as it would eliminate the false and pauperising and increase true charity.

The late arrival of several county society reports, some of them more lengthy than usual, compels us to forego further comment, but we ask our readers to give special attention to President F. D. Gray's address on page 140 of the March Journal. We believe it presents some of the most important methods whereby our profession's power and influence can be increased for its own and the public's good. We ask special consideration of the "Good Resolutions" and "What Membership in the County Means," with which he closed his address.

Several of our county societies are doing excellent work in the scientific, social and publicity lines of activity and a considerable increase in their membership has been re-

We expect to refer editorially to some of them in next month's Journal, in which issue we will have a special department giving extracts from several doctors and from other Journals, concerning physicians and their relation to the county medical society, and the improvement of the county society.

PAYMENT OF DUES.

Why do doctors procrastinate in the payment of medical society dues? Is it a good plan to have a reputation for being negligent, indifferent, and having poor business qualities? Doesn't it hurt us with the pub-There are many delinquents in the matter of association dues, and no excuse for it. Every member knows that his dues are payable on or before January 1, and become delinquent on February 1. amount is small and the average doctor can pay it one time as well as another. It places the doctor in an unfavorable light to be guilty of neglect of necessity as well as duty.—Indiana State Medical Society Tournal.

We commend the above to the careful consideration of some of the procrastin ators among our members and we remind them also that it subjects their county society treasurer—who serves without pay—to correspondence and worry he should be spared, but worse still, the secretary of the State Society is put to a large amount of trouble, not only in correspondence, but also in delay in preparing the Official List of the State Society for publication. He does everything possible to avoid leaving names of those who have not paid, out of the List, and of reporting them to the American Medical Association as dropped for delinquency.

We call attention of our readers to Chapter XII, Section I, of our By-Laws which says: "No member shall be considered in good standing in a component society until his assessment for the current year of The Medical Society of New Jersey has been paid."

We believe the failure to pay promptly is generally a matter of carelessness or forgetfulness with no thought as to its effect on others and on themselves.

PATENT MEDICINE FAKERS.

If anyone doubts the power and influence exerted by the proprietary medicine interests in controlling legislation he ought to have his eyes opened when he considers that the provision for a war tax on proprietary medicines was dropped like a red hot iron when our congressmen at Washington began to hear from the rich and powerful proprietary medicine manufac-

turers. The specious plea was made that it was not right to tax "the poor man's medicine"; and we regret that there were not sufficient congressmen with an appreciation of the facts to put forth the perfectly correct argument that proprietary medicines are the poor man's poison, and, like liquor, are deserving of taxation and should be a legitimate source of revenue The United States for the government. Government, many health boards of States and cities, the Council on Pharmacy and Chemistry of the American Medical Association and some lay periodicals have published reports concerning a very large number of proprietary medicines in which proof is produced to show that practically all proprietary medicines are cruel frauds, and that the manufacturers of the same are victimizing the ignorant and the poor through the sale of such vile nostrums. Yet with such evidence before our congressmen, they bow meekly to the all-powerful proprietary medicine interests and refuse to impose a tax which would come out of the rich manufacturers and not the poor man whom they pretend to befriend. Certainly, the condition is one that offers food for reflec-Incidentally, Collier's Weekly, The Ladics' Home Journal and other lay periodicals with large circulations that valiantly have been fighting the patent medicine interests can find ample reason for renewing their attacks on a bunch of grafters that are entrenched so thoroughly that Congress bows deferentially to them.

—Jour, Indiana State Medical Ass'n.

GORGAS AS AN ECONOMICAL.

Extracts from an editorial in Colorado

Medicine, November 15:
* * * To most of us the name of Gorgas conjures up the mental picture of a military surgeon who by his labors has demonstrated, to use his own phrase. "that the white man can live and thrive in the tropics," or, in other words, that pestilential disease can be banished from these regions. By a coincidence the majority of the three hundred present at the testimonial dinner (given to Surgeon-General Gorgas, in Cincinnati recently), including Dr. Gorgas himself, proved to be "single taxers." Gorgas remarked that he had friends present that evening with whom he had been associated for twenty years without knowing of their "single-tax" opinions.

The following are some of the sentences in which the famous military surgeon ex-

pressed himself in favor of the economic doctrine referred to: "I am a single-taxer, I think, because my life work has been that of sanitation. Sanitation is most needed by the class of people who would be most benefited by the single tax. That poverty was the greatest single cause of bad sanitary conditions was very early impressed upon me. * * * In a city such as Panama or Havana the vacant lots and unimproved neighborhood were the localities which always gave us the most sanitary trouble. * * * When the When the great valleys of the Amazon and of the Congo are occupied by a white population, more food is produced in these regions than is now produced in all the rest of the inhabited world. But unless we can so change our economic laws that this wealth will be more fairly distributed than it is now by the races occupying the temperate zone, mankind will not be greatly benefited.

"It has been shown, that the white man can live and exist in good health everywhere in the tropics. At Panama, among our large force of laborers, we had for ten years some ten thousand Americans. Most of the American men did hard manual labor, exposed to the sun, rain and weather conditions day in and day out, yet during that time their health remained perfectly good. * * * The women and children remained in as good condition as they would have been had they lived in the United States. * * * The amount of wealth which can be produced in the tropics for a given amount of labor is so much larger than that which can be produced in the temperate zone for the same amount of labor, that the attraction for the white man to emigrate to the tropics will be very great when it is appreciated that he can be made safe as to his health conditions at a small expense."

As was to be expected, the "Twilight Sleep" is being exploited by certain medical men who advertise that they are prepared to teach the method to all physicians who desire to learn how to effect a painless childbirth. Very naturally we shall begin to hear of bad results when this treatment has been popularized to the extent anticipated by those who are exploiting it. It is not a new treatment, as it has been tried out by numerous competent and trustworthy obstetricians here in America and declared by the majority of them to be dangerous. With its potentialities for harm it is un-

fortunate that it should have been heralded to the public through the lay press as being a great boon to the child-bearing woman, and in that manner stimulating its adoption by a great many physicians who under ordinary circumstances would cling to safer methods.—Indiana State Journal.

In our May issue of the Journal we expect to give special prominence to the consideration of Infantile Morbidity and Mortality and the Conservation of Child Life. We will insen the excellent paper read by Dr. Linneaus E. La Fetra, of New York, before the Pediatric Section of the Academy of Medicine of Northern New Jersey, on "Some Disorders of Early Infancy," and Dr. Grafton E. Day's essay on "The Reduction of Infant Mortality."

Miscellaneous Items.

Brigadier General W. C. Gorgas has been made Mayor General, Medical Department, United States Army.

The General Practitioner and Research.—The general practitioner must be recognized as an essential adjunct in research. To him especially we should look to find out the early stages of disease and its progress. Hitherto the lack of this assistance has been the cause of the tardy advance of medicine.—James Mackenzie, British Med. Jour.

Post-Graduate Course in Pulmonary Diagnosis. The staff of the tuberculosis department of the Philadelphia General Hospital announces a course of daily instruction in pulmonary diagnosis and tuberculosis, beginning April 12 and ending April 30, from 4 to 6 P. M. daily except Saturdays and Sundays. Information can be had of Dr. A. P. Francine, 264 South 21st street, Philadelphia.

Damages for Injury to the Hand.—A Chicago physician who was thrown out of his berth in a sleeping car on an Indiana train has received \$32,500 for injuries to his hand, which he claimed would interfere with his work as a surgeon. Of the total amount \$15,000 was paid by accident insurance companies, the balance by the railway company.

"The war has started," said the Munchener Medizinische Wochenschrift, under date of August 10, "and its paralyzing effects on civil affairs are already plainly noticeable. The halls of our printery are deserted, the numerous forces required to turn out our paper have been reduced to a hundred, and many of our collaborators are in the field. Under the circumstances it is technically impossible to keep the paper up to its usual size. Even the present issue must suffer a reduction in the number of pages."

A Proposed Vaccination Test.—An antivaccinationist in Jersey City has offered to give \$2,000 to any charity or medical society under the following conditions: Five of the medical staff of the Jersey City School Board are to vaccinate themselves and after it has taken (if they are not already protected) must submit to inoculation with smallpox virus. If three out of the five do not have smallpox the money will be paid.

Lawyers' Big Fees.

It has been stated in the New York newspapers that the fee of \$775,000 paid Samuel Untermyer for his professional services in bringing about the merger of the Utah Copper Company and the Boston Consolidated Mining Company is the largest ever received by a lawyer in a single case in this country, perhaps in the world. There is reason to doubt the correctness of this statement. When the formation of the "billion dollar" Steel Trust was finally consummated it was reported that James B. Dill, now judge of the Court of Errors and Appeals, received a fee of \$1,000,000 for his services.

Several attempts had been made to bring about the great merger without success. The terms proposed were not satisfactory to Andrew Carnegie and the Frick interests. Every effort to reach a satisfactory understanding was blocked by the dissent of one or the other of the chief parties at interest. Finally a meeting was arranged, to be held at Atlantic City in the winter of 1901, and Mr. Dill was called upon to act as counsel and arbitrator. He quickly succeeded in his task, and it was announced that he was remunerated with the million-dollar fee. This report has never been denied, and it has been generally accepted as true. If it is correct, then Judge Dill has beaten Mr. Untermyer's fee by a quarter of a million dollars and holds the record.—Newark Evening News.

State Neglect of its Insane Wards.

That the obligations of the State to its insane, delinquent and criminal wards are not now being fully met, and that in order fully to meet them, there are pressing needs of new buildings to cost approximately \$985,000, is the declaration of State Charities and Corrections Commissioner Byers in his annual report just submitted to Governor Fielder. In addition to these pressing needs for new accommodations, he says other buildings should be provided at a cost of \$115,000, making the total sum needed to provide proper accommodations for these wards, \$1,100,000.

The report shows that the State had under its care during the year ending October 31. last, a total of 17,706 wards, an increase over the previous year of 1,621. These wards were

classified as follows:

Insane—In State hospitals, 5,024; in county hospitals, 3,867; total, 8,891.

Feeble Minded and Epileptic—In State institutions, 996; in private institutions, 408; total, 1,404.

Criminal and Delinquent—In State Prison, 2,122; in reformatories (Rahway and Clinton), 1,142; in juvenile reformatories, 1,449; total, 4,713.

Soldiers and Saliors in Homes, 1,069. Blind 57. Sick—State Tuberculosis Sanatorium, 708; county tuberculosis sanatoriums (no report from Essex). 864: total. 1.572.

fromEssex), 864; total, 1,572.

The increases over 1913 are: Insane, 193; feeble minded and epileptic, 184; criminal and delinquent, 310; blind, 7; tuberculosis, 927; total, 1,621. There was a decrease of 76 in the wards in the Soldiers' Homes, and a decrease of 37 in miscellaneous wards, a total of 103. The net increase for the year, therefore, was 1.518.

There is no doubt that the State does not provide sufficient accommodations to give these people proper care.

Value of N. J. State Institutions.

The appraisal which has been made by Commissioner Byers shows that the total value of the seven State institutions coming under the general supervision of his department is \$11,142,398. Of this \$9,672,186 is represented by the value of land and buildings, and \$1,470,212 by personal property, including equipment.

The appraisal does not include the State Home for Feeble-minded Women at Vineland, upon which no valuation has yet been placed. It is, however, approximately correct to say that New Jersey has \$12,000,000 worth of property in its institutions for the care and custody of criminals, defectives and indigents.

Next in value to the Greystone Park Hospital is the State prison at Trenton, the buildings and land of which are valued at \$1,513,525, and the personal property at \$18,000. The State Hospital at Trenton was appraised at \$1,456,000 upon buildings and land, and \$372,997 upon personal property. The Rahway Reformatory is listed at \$1,350,000 on buildings and land, and \$40,108 on personal property.

The valuations of other institutions are given by the commissioner as follows, the first figures denoting real estate and the second personal property:

Soldiers' Home, Kearny, \$273,288, \$25,063: Soldiers' Home, Vineland, \$133,100, \$72,100; State Village for Epileptics, Skillman, \$712,-767, \$259,216; Boys' Home at Jamesburg, \$322,921, \$162,436; Girls' Home at Trenton, \$241,011, \$50,441; Tuberculosis Sanitarium at Glen Gardner, \$302,485, \$94,811; Women's Reformatory at Clinton, \$31,402, \$11,007.

THE STATUS OF THE SPECIALIST IN THE FIELD OF SURGERY.

The above was the subject of discussion at the meeting of the Medical Society of the County of New York held October 26th. We take the following extracts from the report in the Medical Record. Dr. C. H. Chetwood introduced the speaker in the following words:

Ladies and Gentlemen; Doctors, Physicians, Specialists and Surgeons—Especially General Surgeons; Several months ago, the President of the County Medical Society paid me the honor of requesting me to arrange the program of the present meeting. And now, having listened to what has gone before, under the inspiration of our eminent guest from Boston, and in anticipation of what is yet to come, from the all-star cast that the remainder of the

program announces, I am enjoying some of the feelings of a successful impressario.

My own part in the program is a brief one. It is to propound the question of the hour, which is to define the status of the specialist in the field of Surgery, and which, if I read aright the temper of the times, is agitating the minds of all of those who are concerned in the result of the verdict, be they Urologists, Gynecologists, Ophthalmologists, Otologists, Pediatrists, Rhinologists, and many others, too numerous to mention. Against this army of—shall we say invaders, these Allies?—there stands alone the Kaiser in the person of the General Surgeon. The General Surgeon wants to know where he "gets on," because the specialist doesn't know where to "get off."

Like all questions, great or small, this one has two sides to it, and one side seems to have been characterized in song. In the Lay of Koko, of Mikado fame, we have the General Surgeon's refrain, which runs somewhat in

this vein:

As some day it may happen, a clearance must be made,

I've got a little list, I've got a little list Of medical offenders, who should all be in the raid,

And who never will be missed, who never will be missed.

be missed.

Query: Is the General Surgeon being driven from the field of operations upon any portion of the human anatomy, save that, perhaps, which already belongs to the tonsorial specialist? Or, on the other hand, shall the Urologist, the Gynecologist, and others of selective fame, expend their efforts in all that may tend toward the illumination of a case in question, and then, the moment operation becomes a consideration, shall recourse be had to a "real surgeon" or "operating specialist"?

To be sure, this question has its rules and its exceptions. It may depend upon whether it be applied to hospital or private practice. In my own case, I maintain there is a decided exception, and, as you no doubt have discovered, I am unable to discuss this subject seriously. I turn to these gentlemen, who are waiting in the lists, cager for the combat! You, Urologist, and You, Gynecologist, and You, any kind of "Ologist"! who doubt the General Surgeon's superior skill, and when 'tis said:

"To operate or not to operate That is the question" * * *

You answer:

"To sleep, perhaps to die,

And there's the rub!"
But still the General Surgeon chants, with

irritating grace:
There's the medico who plays upon the

There's the medico who plays upon the weakness of his race

The G. U. Organist, I've got him on the list,
I've got him on the list
He's just the same, tho' changed in name, as

the Urologist;
He never will be missed, he never will be

missed.
And last of all tho' not the least—in numbers

they can boast,

For operations, great and small, they surely do the most,

That medical anomaly, the Gynecologist

He never will be missed, I'm sure he'll not be
missed.

Dr. Edwin B. Cragin was then introduced and spoke on "The Province of the Urologist and Gynecologist in the Domain of Surgery. He said that some had argued that the province of the specialist was diagnosis and the prognosis, and that the general surgeon should do the rest. Yet when one saw a general of the highest type specializing on diseases of the brain and spinal cord he could not but feel that a specialist was justified in cutting if he could do it better than his colleagues. relation between gynecology and general surgery might perhaps be best represented by a concrete example. Other things being equal. the general surgeon would do better stomach work than the gynecologist because he did more of it and was more interested in it. For the same reasons, other things being equal, the gynecologist would excel in diagnosis, operative judgment, and surgical technique in any female pelvie work. Regarding the relation between urology and gynecology it might be said that the urologist from more frequent practice would usually be more dextrous in the use of the cystoscope and the ureteral catheter than the gynecologist, and yet it was absolutely necessary that the gynecologist, in order to hold his position in Class A of this specialty, be able to do this work. There was a border land in both urology and gynecology where cases were bound to overlap as, for instance, a cystic kidney resembling an ovarian cyst, or vice versa, and speaking for the gynecologist, he must be able to deal with this condition. Something should be said regarding the relation between gynecology and obstetrics. A man might be a good gynecologist without doing obstetrics, although he believed he was a better gynecologist if he had an obstetrie service in which he could observe the effect of his operations on the process of maternity. On the other hand, one could not be an obstetrician in Class A to-day unless he was a gynecologist. The obstetrician of to-day and the future must be able to deal with cases of ruptured ectopic gestation, of ruptured uterus, and of pregnancy complicated by a tumor with twisted pedicle. He must be able to perform cesarean sections whether they were to be completed according to the orthodox Saenger method, or were to have added to them a myomectomy or a hysterectomy. In other words, the obstetrician must be able to do all kinds of female pelvic work. This at present is called gynecology. In closing he wished to say a word regarding the preparation of the gynecologist. The preparation of experience with the speculum, the glycerin tampon and iodine swab would no longer hold as requisite training for the gynecologist. He must have a surgical training and must be able to do the highest type of surgery in the pelvic field. Just so long as, in diagnosis, surgical judgment and operative technique, the gynecologist could excel the general surgeon in female pelvic work, he deserved to hold his position and would do so. Failing to excel in this particular field, he deserved to be superseded.

The following speakers followed Dr. Cragin: Dr. Howard Lilienthal on "The Relation of Gynecology and Urology to General Surgery"; Dr. Dougal Bissel, on "The Province of the Gynecologist in the Domain of Surgery with Special Reference to the Malposed Kidney."

EFFECTS OF ALCOHOL ON LONGEVITY.

From a paper by Arthur Hunter, Actuary N. Y. Life Insurance Co., in American Medicine,

February, 1914.

Abstainers v. Non-Abstainers. A prominent insurance company divided its policyholders into four classes, depending on the extent to which they used alcohol. The following table gives the percentage of the mortality on the basis of the American table:

Total abstainer—relative mortality, 59%. Rarely use—relative mortality, 71%. Temperate—relative mortality, 84%. Moderate-relative mortality, 125%

According to the foregoing table, the mortality among the moderate drinkers was fully twice as high as among the total abstainers. There are no other modern statistics of American companies comparing abstainers and non-abstainers, and the author accordingly turns to the experience of companies in other Englishspeaking lands. In these companies the insured are divided into two sections, -abstainers, and non-abstainers. In the former class were placed those who were abstainers at the date of application, and who continued to be abstainers thereafter; if they ceased to be total abstainers they were transferred to the non-abstainer sec-The companies endeavored to exclude from the non-abstainers' class those who used alcohol immoderately. In the following table is given the extra mortality in the non-abstainover the abstainers' section.

United Kingdom Temperance and General Provident Institution (England)—extra mortal-

ity of non-abstainers over abstainers, 35%. Scottish Temperance Life Assurance Company (Scotland)—extra mortality of non-ab-

stainers over abstainers, 40%. Sceptre Life Assurance Company (England) -extra mortality of non-abstainers over ab-

stainers, 50%.
Australian Temperance and General Life Assurance Society (Australia)—extra mortality of non-abstainers, 60%.

Manufacturers Life Insurance Company (Canada)-extra mortality of non-abstainers over

abstainers, 75%.

The author is satisfied from the foregoing statistics that abstainers live much longer than

non-abstainers.

In order to show the effect of alcohol on mankind, statistics are given of the mortality of men engaged in the manufacture and sale of alcohol. These men were insured by forty-three of the leading life insurance companies, and their habits at the time of application were considered satisfactory. The mortality shown in the following tables represents the extra mortality over the normal experience of these companies:

Saloons:-Proprietors and managers not at-

tending bar-extra mortality, 82%.

Proprietors and managers attending bar-ex-

tra mortality, 73%.

Hotels With Bar:—Proprietors, superintendents and managers attending bar—extra mortality, 78%.

The following deals with men who do not attend bar, although liquor is served on the prem-

ises:

Hotels With Bar:—Proprietors, superintendents and managers not attending bar-extra mortality, 35%.

Restaurant With Bar:-Proprietors, superintendents and managers not attending bar-extra mortality, 52%.

Editorials from Medical Journals

Candidates for Municipal Offices Examined by Physicians.

Texas Medical Journal.

The physicians of Fort Worth have devised the plan of having all candidates for municipal offices appear before them and deliver fiveminute addresses concerning their ideas as to a board of health, city hospitals and general sanitary regulations. These addresses are taken down for future reference, lest the candidate forget his promises. This is a splendid idea and so practical that it can be used even in the smallest town.

War and Discase.

From the Lancet-Clinic, Cincinnati, October. As might have been expected, disease is stalking on the trail of the warring European armies. It appears to be officially admitted that Asiatic cholera has appeared in the Austrian army that is retreating through Galicia, and despatches from Belgium state that typhoid is prevalent in some of the German regiments stationed as garrisons in the Belgian towns south of Antwerp. As the desolation of the ravaged countries increases, as the water courses become more and more polluted, and as the burned and deserted towns and villages are abandoned to the fortunes of war by a disorganized public health service whose personnel is probably scattered along several hundred miles of battle, infections of one kind or another will appear and spread among both the civil and military populations until the unhappy countries becomes thoroughly saturated with pathogenic germs that it will take years to eradicate.

When one takes into consideration the costly and elaborate precautions that are necessary in days of peace and order to safeguard the health of the people it does not take a very vivid imagination to picture the myriad evil spirits that may be loose from the Pandora's box that the present crime against humanity has opened. Fields strewn with unburied and decomposing corpses, watercourses infected with the typhoid, the colon and the cholera bacillus, wounded soldiers crowded into houses in which, yesterday, a woman may have died of puerperal infection—these are but a partial enumeration.

In some of the armies the lessons taught by the Crimeah and American Cival War seem to have passed unheeded, and as the months go by and winter approaches we may see a repetition of the fearful mortality of Scutari-for it is hard to point out any essential difference between the physical surroundings of Scutari and the towns of France, Belgium, Germany and Austria, where the wounded of to-day are being taken care of.

Fortunately, from Pandora's box Hope could not escape. That is all that is left to us as we contemplate this unspeakable horror day after day. Fatal and mutilating wounds upon the battlefield are bad enough, but inglorious disease, evidence of man's incompetency and stupidity, and smiter alike of the innocent and the guilty, is worse, for it throws away most of what we have gained to contribute to the happiness of mankind.

The Destruction of Louvain and Its University. From the St. Paul Medical Journal.

While we must all shudder as we read of the horrors of the European war and the indescribable cruelties which have been inflicted upon individuals-especially upon non-combatant nien, women and even little childrenthe awful devastation of brave little Belgium must stand out as one of the most unforgivable and unnecessary tragedies of all history. While it is hard to single out one horror of this war as more horrid than another, the wanton destruction by the Germans of the University and the Library of Louvain may be instanced as an absolutely irreparable loss to the whole world-and one which students of history and especially of the history of medicine must for all time deplore. The University of Louvain which dates back to the early part of the 15th century, has always been one of the largest and most important seats of learning in Europe, and its library one of the richest repositories of early historical manuscripts and books. To students of medicine, and especially to anatomists, it had a peculiar interest because it was at Louvain that Andreas Vesalius first studied and later became one of its most eminent professors, and it was through him, that Louvain became the most important

anatomical centre in the world.

Versalius was born at Brussels in 1514 and this very year it had been arranged that an official celebration of the four hundredth anniversary of his birth should be held in Brussels in December next. As a part of the commemoration there had been arranged the publication of a Liber Memorialis, which has for some months been in course of preparation and part of which is believed to have been already in press at the time of the destruction of the city of Louvain—whether it can ever be completed seems in the light of recent events most uncertain.

Professional Forces in Hospital and Schools.

The Lancet-Clinic, Cincinnati, March 20th.

When the medical and nursing profession first made a formal entrance into public life and undertook the conservation of the health and life of the community in connection with the examination of school children to determine whether they needed a'professional attention that was not apparent to the parents, it was but natural that such a radical innovation in educational and family affairs should meet with more or less opposition. It is noteworthy that this opposition did not come from physicians but from the laity, that conservative laity that has to be shown again and again and then persuaded earnestly. The physicians In every community in which medical inspection of schools has been adopted have been earnest advocates of this beneficent procedure and have pointed out how the defects and disabilitles of the children discovered by the systematic examinations in the school will bring the little patients to the attention of the family physician before any material

damage is done to important organs. This attitude showed an abiding faith in the honor of the profession as a whole, and particularly in that of those men who might be chosen to conduct the school examinations. This attitude of the profession toward a strictly lay institution, the public school system, was curiously at variance with the professional attitude toward an institution with which the physician has been connected since the dawn of history. In every modern community of sufficient size to afford a municipal hospital and several private hospitals that are not guarded by a properly organized and conducted social service, it will be found that a very respectable number of respectable practitioners feel bitterly aggrieved against the hospitals on the ground that cases that are able to pay a private general practitioner or a specialist a reasonable and yet remunerative fee are practically lured into a hospital and treated with small benefit to the hospital and none whatever to the member of the staff who directs or administers the treatment. This grievance is a just one and one that should be corrected forthwith-for when a considerable body of the profession is smarting under a sense of injustice, team work is impossible and a vast amount of efficiency is lost to the community. Vastly to its credit, bc it said, onc hears no word of complaint against that large and hardworking body of professional men who personally conduct the examination of the school children. Apparently they play perfectly fair and respect the rights of their professional brethren as scrupulously as they would demand that their own rights be respected.

The place of temptation, however, is that held by the weaker sister, the school nurse, who "follows up" into the home of the school child. She will be besought to deliver opinions as to who is the best doctor and which is the best hospital; being a woman, she will be asked questions and plied with artful queries that would never have been addressed to the school physician. To all such solicitations she must turn a deaf ear, for upon her discretion, tact and conduct rests the whole question of the future support of this vastly important school examination system by the rank and file of the profession. Indiscretions have been committed by some school nurses and have aroused bitterness and resentment in some sections of the profession-but these indiscretions have been, up to the present time, looked upon as sporadic manifestations of a lack of tact, a momentary and occasional yielding to temptation in favor of a friend or a favorite institution. Let, however, the idea gain ground that the school nurse is a permanent decoy to lure patients away from their family physicians to favored individuals or hospitals and the great friendly body of practitioners will be found in violent opposition to the present system and the controversy will breed a train of scandals that will discredit both the profession and our educational system.

In short the school nurse should fortify herself above all others, against the snares and temptations that the laity will constantly set for her, and should realize that upon her shoulders rests much of the responsibility for the success or failure of our present invaluable medical inspection of schools.

Therapeutic Notes.

Appendicitis-Verminous.

Hager is said to recommend the use of the following emulsion in the treatment of appenlicular colic in patients known to harbor intestinal worms:

R Thymol, 2 grams. Olive oil, 4 grams. Gum arabic, 2 grams. Distilled water, 60 grams.

This is to be administered in three doses of one tablespoonful each at hourly intervals in the morning, on a fasting stomach. In the evening a brisk purge is given. The treatment is continued for three days. Journal de Medccine et de Chirurgie.

Flatulence.

P. Cohnheim recommends, in addition to the use of dietetic and hygienic measures, the administration of the following:

R Menthol, 0.1 gram.

Extract of belladonna leave, 0.01 gram.

M. ft. pil. Sig.: One pill, t.i.d.

In mild cases the following carminative mixture is sufficient:

R Valerian, Peppermint.

Fennel, Caraway, aa 25 grams.

M. Sig.: One tablespoonful to a cup of hot water, morning and evening.

Eight or ten drops of the tincture of belladonna may be taken with the above.

-"Diseases of the Digestive Canal."

Insomnia Caused by Pain.

Huchard and Fiessinger recommend the following:

R Pyramidon.

Acetphenetidine, aa, 0.2 gram. Quinine hydrobromate, 0.1 gram .

This is to be given in a cachet two or three times a day.

Management of Mucous Colie.

W. A. Edward notes that Mummery uses belladonna to prevent spasm of the colon, in the following:

R Tincture of hyoscyamus, f3ss. Tincture of belladonna, mvj. Sodium bicarbonate, gr. xx. Tincture of ginger, mxv. Spirit of chloroform, mxx. Peppermint water, q. s. ad f3j.

This dose should be given three times daily. A laxative should be administered at the same time.-Medical Record.

Mumps.

R Ichthyolis, Plumbi iodidi, of each, gr. xlv. Ammonii chloridi, gr. xxx. Adipis, 3j.

M. Sig.: Apply twice a day.

-Merck's Archives.

In any disease of the veins the free use of hamamelis internally and externally will invariably produce good results.

Neuralgia-Trigeminal.

Lemoine and Gerard accredit Plicque with the following prescription:

R Tincture of aconite.

Tincture of colchicum. Tincture of belladonna, aa, 3 grams.

M. Sig.: Twelve drops every 6 hours. "Formu laire Consultations Medicales et Chirurgicales.'

Neuritis-Bracheal.

The following is especially good in cases associated with rheumatism or gout:

R Phenazoni, gr. v to x. Sod. salicylati, gr. x. Caffein. citrat., gr. v. Spt. ammon. aromat., 3ss. Aq. chloroformi, q. s. ad 3ss.

-The Practitioner.

Pharyngitis-Acute, Spray for.

D. Braden Kyle finds that the following usually gives relicf:

R Camphor, gr. ij. Menthol (crystal), gr. ij. Sandalwood oil, gtt. iv. Liquid paraffin, 3 j.

-"Discases of the Nose and Throat."

Pneumonia-Ipecae Treatment of.

Dr. E. L. Larkins, Terra Haute, says in the Indiana State Mcdical Journal, March, 1915:

In the face of a 90 per cent. mortality with other methods and combinations of treatment, I thought something new might meet the emergency. Therefore, with the next batch of cases I commenced with a purgative dose of calomel followed in four hours by easter oil or magnesium sulphate. After the bowels were thoroughly emptied I commenced with codein sulphate and powdered ipecac. To an adult for the first twenty-four hours I give ipecac 2 grains, and codein 1/2 grain every two hours. The codein quiets the pain and lessens or prevents the nausea of the ipecac. If the disease is sthenic and not ushered in by repeated vomiting, showing severe central nervous symptoms, I add to each dose of the above 2 drops tincture Aconite root. If there is much vomiting or pain or both I immediately give hypodermically 1 grain codein. During the second twenty-four hours I give 5 grains of ipecac and 1/4 to 1/2 grain codein owing to the pain and nausea, every two hours, and omit the aconitc. By the end of the first forty-eight hours the skin moistens, the cough loosens, and moist rales appear in the lungs; the pulse lessens in tension and rate and increases in volume, and the temperature falls two or three degrees. The whole aspect of the patient changes for the better. But, if the desired improvement is not apparent the ipecac is increased to 71/2 grains every two hours with codein 1/2 grain and citrate caffein 1 grain. By this time a tolerance so to speak, has been obtained for the ipecac. Its action on the digestive tract becomes apparent in free movements of the bowels, not liquid and exhaustive, but of a salutary nature. I have not found it necessary to go beyond this last amount. The codein (or opium in some form) may be varied to suit the circumstances and condition of the patient. Of course the amount of either or both

drugs must be varied with the very young and very old, as both bear opium badly but bear ipeeae well.

Since using the above method I have had satisfactory results and I submit this note to the profession in the hope that the treatment will be thoroughly tried as the season of the year makes it opportune.

Tetanus-Modified Baccelli Treatment.

M. Le Fur has treated at one of the military hospitals in France since the outbreak of the present war 250 wounded among whom there were 7 eases of tetanus. The first four were treated according to the ordinary method with elloral, bromide of potassium and morphine in large doses, and all died. The last three patients were treated according to Baceelli's method with injections of phenol, to which the author added eamphor, like wise in large doses, and all three patients recovered. The method used was the injection once or twice daily for six to eight days of the following solution:

R Camphor, 0.4 gram. Phenol, 0.4 gram.

Sterile olive oil, 10 grams.

-Bulletins et Memoires de la Societe de Medecine de Paris.

Two drains of ammonium chloride with lobelia in a pint of water, make an effective application for rhus poisoning.—Ellingwood's Therapeutist.

In gonorrheal infections of the lower genital tract in women iodine is a valuable remedy. Applications of Lugol's solution are advised by Hartz.-Med. Standard.

Measels, by eausing corneal opacities, ruins more eyes than all other causes combined, except squint. Yet this is easily prevented by daily bathing the eyes with warm boric acid solutions.-The Medical Officer.

Tineture of guaiacum given in half-teaspoonful doses every two to three hours, well diluted with water, is a remarkably efficient remedy for all inflammatory disorders of the Give until it purges, and then decrease the dose .- Med. Summary.

Hospitals, Sanatoria, Etc.

New Hospital at Jersey City.

Mayor Fagan, of Jersey City, laid before his fellow eommissioners recently plans for the erection of a new city hospital, a maternity hospital and a new nurses' home, the cost of the three buildings to be about \$350,000. The Mayor will ask the board to approve his plans, so that all three buildings may be erected before next winter.

Monmouth Hospital Asks Increased Appropriation.

The governors of the Monmouth Memorial Hospital want the appropriation from the Monmouth County Board of Freeholders increased from \$12,300 to \$20,881.98. The increase asked for represents the deficit for 1914.

Monmouth residents have received a eard giving the work of 1914 in detail, showing that the amount received from patients during the last year totaled \$19,403.99; other contributions, \$22,123.13; freeholders' appropriations, The average number of patients \$12,300. 'reated daily was sixty-three.

Morristown Memorial Hospital.

The board of directors recently approved the plans submitted for enlarging the institution. The work will cost about \$65,000.

The largest of the three additions will contain laboratories and rooms on the ground floor and obstetrical wards and rooms on the second floor, the two floors adding 16 beds. The third floor rooms will be used for additional accommodations for nurses. The other additions will be enlarging kitchen and sewing rooms, nurses' dining room and X-ray room.

The American Hospital in Paris.

The American ambulance hospital in Paris has established a record of saving the lives of more than 92 per cent. of the patients received, a record that "has probably never been equaled in a surgical military hospital," according to a report to the American committee of the institution. The report was made by Lawrence V. Benet, a member of the Exccutive Committee of the hospital, who has just arrived in New York from the French capital.

At last the palatial hospital for the criminally insane, at Lima, O., has been opened.

It cost two million dollars.

The Beth Israel Hospital Association of New York City has planned the erection of a million dollar hospital in that city.

It is announced that since the first tuberculosis sanatorium at Gravenhurst, Dominion of Canada, sixteen years ago, the deaths in Ontario have decreased from 2,800 annually to a trifle over 2.000.

It is reported that the advisory commission of the Minnesota State Sanatorium for Tuberculosis will ask for an appropriation of \$750,-000 for county sanatoriums.

Hudson County Tuberculosis Sanatorium.

During last year 601 patients were admitted to the Sanatorium. Of this number 420 were men and boys and 181 were women and girls. One hundred and fifty-four cases were earried over from the previous year, 399 were new cases, 45 were admitted for the second time and three for the third time. There were more women patients between the ages of 20 and 30 years than any others. There were more male patients who were between 30 and Eight patients were less than 10 40 years. years old and four were over 70.

Of the cases 339 were from Jersey City, 89 from Hoboken, 22 from West Hoboken, 21 from West New York, 18 from Union Hill, 5 from North Bergen, 2 from New Durham and 1 from Guttenberg; 222 were married and 305 were single. There were more laborers among the patients than any other occupation. These numbered 144. There were 55 factory hands and but one bookkeeper.

It eost \$86,987 to manage the affairs of the institution last year. The per capita cost for the year was \$425.81.

Dr. G. K. Dickinson is president and Dr. B. S. Pollak is secretary-treasurer and medical director.

Marriage.

CONE-SUTTON. — At Hackensack, N. J., February 11, 1915, Dr. Ralph Spencer Cone to Miss Florence M. Sutton, both of Westwood, New Jersey.

Deaths.

BERGEN.—At Princeton, N. J., March 23, 1915, Mrs. Annie L. Bergen, wife of Dr. E. H. Bergen, of Princeton.

BYRNE.—At West Hoboken, N. J., March 2, 1915, Dr. Thomas Byrne, a graduate of the New York University Medical College in 1888, and surgeon to the North Hudson County Hospital, Weehawken, N. J.

Personal Notes.

Dr. Frederick G. Bootay, Belleville, has been reappointed town physician by the Board of Commissioners.

Dr. Henry O. Carhart, Blairstown, has been re-elected a member of the local Board of Education.

Dr. Grafton E. Day, Collingswood, was elected president of the Lawhen's Association of the Methodist Conference at Atlantic City last month.

Dr. Samuel Freeman, Trenton, and wife spent two weeks in Atlantic City last month. The doctor went for a rest after a surgical operation recently.

Dr. Sarah R. Mead, Newark, recently returned from a six weeks' rest in Florida, with restored health.

Dr. Victor Mravlag, Mayor of Elizabeth, in his auto collided with a trolley car recently, but he escaped unhurt.

Dr. Palmer A. Potter, East Orange, on March 18, addressed a mothers' meeting there on "Reasons for School Inspection by Physicians and How to Combat the Spread of Diseases."

Dr. Ida R. Shields, Arlington, read a paper before the Arlington Women's Club, March 9, on "Public Health," discussing eugenics, preventable diseases and the danger of patent medicines.

Dr. Henry A. Cotton, Trenton, denies the newspaper adverse reports of Dr. F. S. Hammond's illness and states that he is recovering from his severe attack of meningitis. The Trenton Gazette of March 24 gives a complimentary account of Dr. Cotton's work at the State Hospital.

Dr. Horace G. Norton, Trenton, and wife recently spent a few days at Altantic City.

Dr. Henry Spence, Jersey City, has removed to Alban Court, Fairview avenue and Boulevard, Jersey City.

Dr. Francis H. Glazebrook, Morristown, was operated on in the Orange Memorial Hospital last month for appendicitis.

Dr. Alexander Marcy, Jr., Riverton, wife and daughter expect to leave next month for New Orleans, San Francisco and Honolulu, to be

absent six or eight weeks.

Dr. James S. Brown, Montclair, wife and daughter have returned home from Pinehurst, N. C., where they spent several weeks.

Dr. Henry W. Kice, Wharton, addressed the Dover General Hospital Auxiliary last month on the needs of a hospital, its usefulness in a community and of its adequate support.

Dr. William W. Riha, Bayonne, has been appointed attending physician to the Hudson County Tuberculosis Clinics in place of Dr. Marshak, who has moved to Chicago, Ill.

Medico-Legal Items.

When Physician's Opinion Is Inadmissible.—In an action for personal injuries where the manner in which the plaintiff was injured was not disputed, it was held improper to permit physicians to testify as to whether the circumstances of the accident would have caused the injury, basing their opinion upon the testimony of the plaintiff as to how he had been injured.—Johnson v. Danville U. &. C. Ry. Co., 185 Ill. App. 83.

Matters to Which Physician May Testify.—Where the plaintiff in an action for personal injuries alleged to have been sustained by the negligent sudden starting of a street car which she was boarding testified that she suffered a miscarriage in consequence of her injuries, a physician called as a witness for the plaintiff may properly be asked whether he made an examination for any conditions that might result from a miscarriage, the inquiry relating to a subject within the issue of the case.—Powers v. Chicago City Ry. Co., 185 Ill. App. 158.

Right to Publish Medical Advertisements.-The police power of the State is limited to enactments which have reference to the public health or comfort or the safety or welfare of society, consequently the Colorado Supreme Court holds that Rev. Stat. 1908, Sec. 6068, authorizing the State Board of Medical Examiners when any practitioner causes the publication of any advertisement relative to any disease of the sexual organs, to revoke his license, is unconstitutional, being in violation of Const. U. S., Amend. 14, and Bill of Rights. Art. 2, Sec. 3, prohibiting the deprivation of life, liberty, or property without due process of law, for the right to practice medicine is a valuable right and the statute in question would authorize the revocation of a license for conduct which would not necessarily be immoral or injurious to the public. The statute was also held to be so indefinite as to be invalid; neither it nor dictionaries nor general usuage defining the term "diseases of the sexual organs." As the offense of causing the publication of immoral advertisements is a public one the statute is invalid as class legislation, being discriminatory.--Chenoweth vs. State Board of Medical Examiners, Colorado Supreme Court, 141 Pac. 132.

Hypothetical Questions—Actual Cause of Death.—Upon a trial for uxoricide two distinct theories were urged as to the cause of death. The State urged that it was caused by strangulation; the defense, that it resulted from accidental fall from the porch of the defendant's house. The evidence tending to sustain both theories was almost entirely circumstantial,

but there was substantial support for both. Aside from the presence of the defendant at or nearby at the time to the place where death occurred no witness testified to facts immediately connected with it. Upon the theory of the State the death was feloniously caused, and because the defendant was the only one shown to have been in such proximity to the seene as to permit connection with the alleged aet, coupled with statements and silence when aeeused, which were claimed to have the legal effect of admissions, and with evidence upon which was based the claim of the existence of a motive by him, the ultimate question upon which the prosecution relied as demanding a conviction was that death resulted from strangulation and from wounds made in connection with such act at the hands of the defendant acting willfully through malice, deliberation, and premeditation with the intent to take his wife's life. Medical witnesses were examined as experts. Shortly after the death an autopsy was held, and the physicians who were present and assisted in it testified in detail as to the condition of the body, the internal organs, and the blood vessels. A hypothetical question was propounded to the several witnesses called by the State to testify as experts, some of whom had not assisted at the autopsy, each being asked as a part of the question whether upon the assumed facts thus stated he would be able to give an opinion as to the cause of death. It was objected that the question called for a conclusion and opinion of the witness as to his own ability to pass upon a matter such as was embraced in the inquiry. The objection was not sustained, it being held that the answer to the question would be merely the statement that the assumed facts were such that to the trained mind they earried knowledge upon which an opinion eould be based. The question was quite different from an interrogatory as to whether the witness was in fact qualified to testify as an expert. Nor did it invade the province of the jury, the ultimate question for the jury being whether the death was felonious. It was held that the witnesses were not restricted to stating what was the probable cause of death, but might state what in their opinion was the actual eause of death.—State vs. Hessenius, Iowa Supreme Sourt, 146 N. W. 58.

MEDICAL EXAMINING BOARDS' REPORTS

Examined.	Passed.	Failed.
Arizona, January 7	4	3
Arkansas, November 21	15	6
Arkansas, November*. 3	3	0
Maine, November 15	11	4
Miehigan, Oetober 13	12	1
Missouri, December 23	15	8
New Hampshire, Dec 11	8	3
New York, September187	120	67
Ohio, December 32	31	1
Rhode Island, January 4	4	0
South Dakota, January 14	14	0

*Homeopathic Boards' Report. Two were also licensed by reciprocity.

The Ohio State Board reports 10 licensed by reciprocity.

The Connecticut Eclectic Board licensed 2 in November through reciprocity.

Public Health Items.

More than 50,000 vaccinations were made in Chattanooga on account of the smallpox epidemic prevalent there.

Since September 1, 1914, 42 New York physicians have been fined for not reporting births.

Newark Board of Health.

The address of President W. S. Disbrow, of the Board of Health at the initial meeting of that body augurs well for an efficient and intelligent administration of the very important functions of the board. To a marked degree the Board of Health has in its hands the well-being and uninterrupted prosperity of the city, for the material welfare of a municipality is measured by the health of its citizens and their physical ability to perform their daily tasks.— Newark Evening News.

Smallpox at Millville.

For several days last month a number of cases of skin eruption occurred in Millville in which there was some doubt as to the diagnosis whether they were cases of aggravated chicken-pox or varioloid. On March 24, Dr. S. S. Moody, of Municipal Hospital, Philadelphia, was called by phone to Millville and visited twelve families. All of the eases he inspected he pronounced small pox in the atypical form. He estimated that there are upward to 35 cases in Millville at present. A special meeting of the Board of Health was ealled recently and vigorous action is being taken to stamp out the disease. Four cases were also reported in Camden recently communicated by a family moving there from Millville.

Massachusetts Health Commissioner Answers Criticism.—State Health Commissioner Allen J. McLaughlin, who has been criticized for failing to appoint three members of the department in the appointment of eight district health officers, has sent a statement to the governor in which he explains that there were ten candidates from old positions in the competitive examination to fill eight places, and each was given the maximum number of points for experience. The single applicant appointed outside of the persons in office, although he possessed the degree of Doctor of Public Health and had had a great deal of experience in public health work, was given only 75 per cent. of the points for experience. With these he finished third on the general average with a percentage of 11.4 higher than the old inspectors who were elminated.

The Conservation of Child Life.—One of the greatest handicaps a child can have is an abnormal mother. We are all familiar with the various types; the timid and inexperienced mother who calls us up on the telephone once or wice daily for advice on most trival matters; the vacillating mother who listens to her neighbors and is ready to try some new food every day if advised to do so, no matter how irresponsible her advisers may be; the conceited mother who having read some work on the care and feeding of babies, thinks she knows

it all; and so on ad lib. Some of these women, with patience on the part of the physician, may be educated and taught self-control; others may be intimidated or browbeaten into submission; others fortunately, the smallest number are, hopeless, and the sooner they leave one, as they are pretty sure to do, the better for our peace of mind. Their unfortunate off-spring, unless by a special dispensation of a kind Providence, are doomed to an early athreptic death or to a neurotic existence.—Martin J. Synnott, M. D., in Pediatrics.

Morbidky Reports and Non-Communicable Diseases.—In diseases that are not communcable, such as those due to occupation or environment, reported cases show the location of conditions which are causing illness or injury. This makes it possible to remedy the faulty conditions, so that others may not be similarly injured.—John W. Trask, Public Health Reports.

Tuberculosis Stamped Out in a Community.

Dr. Petruschky has succeeded in eradicating tuberculosis from Hela, a village on a peninsula near Danzig.

This was accomplished by systematically immunizing the populace in the simplest way, namely, by percutaneous tuberculin treatment. All the tuberculous with "closed" or latent disease seem to be entirely cured, and no new case of open tuberculosis has developed since 1911 among the 500 souls in the piace. The experience here can be duplicated anywhere, he declares, if perseverance and system can be counted on. The expense is trivial. The completeness of the cure in the formerly tuberculoús villagers is shown by the number of such now in active military service at the He has been combining with the tuberculin some antigens against other infection. and is confident that there is a future for this mixed immunization by inunctions.

Infectious Diseases an Unnecessary Waste.-Sir Frederick Treves believes that the time will come when hospitals for infectious diseases will be empty and not wanted. This is to be accomplished by hygiene. The fight is against millions of microbes, and the wcapons arc sanitary regulations, municipal government, the sanitary inspector and the health officer. The mystery of the ancient doctor, with his long words and extraordinary prescriptions, is passing away. The multitude of shelves of bottles which surround lives also is passing away and being replaced by simple living, suitable diet and plenty of sun and fresh air. The time will come when it will be as anomalous for persons to die of scarlet fever, typhoid, cholera or diphtheria as for a man to die of a wolf's bitc in England. Personal hygicne is only beginning to be generally exploited. It is manifest destiny that a wise economy of vitality will sooner or later be practiced. Waste of vital resources is as irrational as waste of natural resources. Neither is 'nexhaustible and both must be conserved. Thoughtlessness and ignorance are the reasons for the appalling waste of both now going on.—Irving Fisher, "Report on National Vitality."

STATE BOARD OF HEALTH.

From February, 1915, Statement,

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending February 10, 1915, was 3,753. By age periods there were 618 deaths among infants under one year, 221 deaths of children over one year and under five years and 1,324 deaths of persons aged sixty years and over.

Discases of the respiratory system, which constitute the leading causes of death at this season of the year, show a decrease. The figures showing deaths from tuberculosis of the lungs for the month, for three years fol-

low:

Tuberculosis of the lungs: February, 1913, 373; February, 1914, 363; February, 1915, 332.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending February 10, 1915, compared with the average for the previous twelve months, the average in each case being stated in parenthesis:

Typhoid fever, 14 (18); measles, 8 (20); scarlet fever, 12 (20); whooping cough, 10 (25); diphtheria, 68 (51); malarial fever, 0 (1); tuberculosis of the lungs, 332 (313); tuberculosis of other organs, 50 (46); cancer, 215 (184); discases of nervous system, 316 (281); discases of circulatory system, 610 (523); discases of respiratory system (pneumonia and tuberculosis excepted), 337 (209); pneumonia, 386 (251); infantile diarrhoea, 67 (190); diseases of digestive system (infantile diarrhoea excepted), 203 (194); Bright's disease, 312 (254); suicide, 51 (41); all other diseases or causes of death, 762 (691); total 3,753 (3,312).

Reports of Communicable Diseases.

The total number of cases of communicable diseases reported during January, 1915, exceeds that for any one month in former years for which there are records of reported cases. There were 3,064 cases reported.

Typhoid fever—Fifty-five cases of typhoid fever reported during January show a decline of 21% as compared to cases reported during the corresponding month in January, 1914. No cases were reported from Cape May, Gloucester, Ocean, Somerset or Sussex counties.

Diphtheria—Eight hundred and one cases reported of which 248 were in Hudson, 196 in Essex, 61 in Passaic, 56 in Middlesex, 43 in Mercer, 38 in Union, 31 in Camden counties. Cases were reported from every county.

Searlet fever—There were 560 cases reported during January, 1915, 751 eases during January, 1914, and 712 cases during January. 1913. There were 213 cases in Hudson County, 133 in Essex, 39 in Bergen, 30 in Union and 26 in Passaic. Every county reported one or more cases.

Tuberculosis shows a slight deercase in the number of cases reported during the month when compared with the corresponding period in the past two years. The figures for January are: 684, 1915: 763, 1914, and 693, 1913. Hudson reported 212 cases, Essex 198, Union 43, Passaic 39, Camden 35, Mercer 29, None from Cape May or Ocean

The Laboratory of Hygiene reports the fol-

lowing: Specimens for bacteriological diagnosis examined: From suspected cases of diphtheria, 1,697; tuberculosis, 560; typhoid fever, 180; malaria, 24; miscellaneous samples, 119; total, 2,580.

Division of Foods and Drugs.

During the month ending February 28, 1915, samples of food and drugs were examined in the State Laboratory of Hygiene, the following number of samples were found to be below standard: Nineteen of the 139 of milk; 5 of 29 of butter; 7 of the 31 of lemon extract; 7 of the 14 essence of peppermint; 4 of the 31 of vanilla extract; the 2 each of eggs and family medicine and one each of orange extract, sausage, eider vinegar and iodine solution.

Four hundred and fifty-eight oyster samples

were examined during the month.

One hundred and fifteen samples of water, relating to oyster work, were examined during the month.

Bureau of Creamery and Dairy Inspection.

During the month 186 inspections were made as follows: 153 daires, 18 creameries, 6 milk depots, 9 ice cream factories. Daires scoring above 60% of the perfect mark, 108; dairies scoring below 60% of the perfect mark, 38; dairies relinquishing the sale of milk, 7.

Twenty cow stables were cleaned and disinfected under the supervision of officers of this bureau. These stables contained animals which had reacted to the tuberculin test and were condemned for slaughter by order of the State Tuberculosis Commission. These stables are located in the following counties: Cumberland, 1; Gloucester, 3; Mercer, 1; Middlesex, 1; Morris, 1; Somerset 1; Sussex, 11; Union, 1.

Inspectors of the bureau were engaged during the month in the investigation of the milk supplies of Atlantic City, Newark, New Brunswick, Faterson, Princeton, Rahway and Wood-

bridge.

NEW AND NON-OFFICIAL REMEDIES.

During February the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-Official Remedies:

H.K. Mulford Co.; Cholera Scrobacterin; Meningo Scrobacterin; Typho Scrobacterin,

mixed.

Since publication of New and Non-Official Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Alcresta Ipecac Tablets.—Tablest containing an absorption product of ipecac alkaloids and Fullers' earth, each tablet representing 10 grs. of ipecac. The ipecac adsorption product is said to pass the stomach unchanged but to be decomposed in the intestine with liberation of the ipecac alkaloids and thus to exert the amebacidal action of ipecac in the body. Ell Lilly and Co., Indianapolis, Ind. (Jour. A. M. A., Feb., 13, 1915, p. 591).

Typhoid Combined Vaccine (Prophylactic).
—Marketed in vials and syringes, each package containing three doses. Schieffelin & Co., New

York.

Cantharidin, Merck. — A non-proprietary preparation of cantharidin. Merck & Co., New York (Jour. A. M. A., Feb. 20, 1915, p. 665).

Articles Refused Recognition.

Colchi-Sal is typical of unscientific ready-to-take proprietaries. It was held ineligible for New and Nonofficial Remedies because of its secret composition, viz., the unknown nature of the "active principle of Cannabis indica" (Rule 1); because the circular in the package and the name blown in the bottle constitute advertisement in the laity (Rule 4); because the claim that cannabis indica removes the gastro-intestinal irritation, and the claim of the superiority of methyl salicylate are unwarranted therapeutic claims (Rule 6); because the name does not indicate the presence of the habit-forming cannabis indica, and because of its unscientific composition (Rule 10).

Waterbury's Cod Liver Oil Company.—The Waterbury Chamical Company having requested that the Council reconsider its action of four years ago on this preparation, the matter was submitted to a referee. The referee reported that the statement now made as to the composition of this product is as follows:

"Made from Cod Liver Oil Digestive Ferments, Malt Extract Unfermented, Hypophosphites Comp. Special, Ext. Cherry, Eucalyptus,

Aromatics, etc.

He held that the Waterbury Chemical Company has not submitted satisfactory evidence to indicate that the objections of the council's former unfavorable report have been met; that there is no evidence that the product is a substitute for cod liver oil in any way; and that under the present methods of exploitation it constitutes what is at least an inferential fraud; and recommend that no further consideration be given to Waterbury's Compound. The report was adopted by the council.

Books Received.

Ale books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume IV., Number I. (February, 1915). Octavo of 185 pages, 41 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Published Bi-Monthly. Price per year: Paper, \$8.00

Nervous and Mental Diseases. By Archibald Church, M. D., Professor of Nervous and Mental Diseases in Northwestern University Medical School, Chicago, and Frederick Peterson, M. D., formerly Professor of Psychiatry, Columbia University. Eighth edition, revised. Octavo volume of 940 pages, with 350 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth. \$5.00 net.

Medical Electricity and Rontgen Rays and Radium. By Sinclair Tousey, A. M., M. D., Consulting surgeon to St. Bartholomew's Clinic, New York City. Second edition, thoroughly revised and enlarged. Octavo of 1,219 pages, with 798 practical illustrations, 16 colors. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$7.50 net.

A Text-book of the Practice of Medicine. For Students and Practitioners. By Hobart Amory Hare, B. Sc., M. D., Professor of Therapeuties, Materia Mediea and Diagnosis in the Jefferson Medical College, Philadelphia; Physician to the Jefferson Medical College Hospital; one time Clinical Professor of Diseases of Children in the University of Pennsylvania. Third edition, revised and enlarged. Imperial octavo, 969 pages, with 142 engravings and 16 plates in colors and monochrome. Coth, \$6.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

Progressive Medicine: A Quarterly Digest of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences, Edited by Hobart Amory Hare, M. D., Professor Therapeuties and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleman, M. D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. Volume XVII., No. I., March, 1915. \$6.00 per annum. Lea & Febiger, Philadelphia and New York.

Food for Thought.

Reading makes a full man, writing a correct man and speaking a ready man.—Baeon.

Genuine greatness is marked by simplicity, unostentatiousness, self-forgetfulness, a hearty interest in others, a feeling of brotherhood with the human family.—Channing.

"A Persian philosopher, being asked by what method he had acquired so much knowledge, answered, "By not being prevented by shame from asking questions when I was ignorant."

"How many minds-almost all the great ones-were formed in secreey and solitude. without knowing whether they should ever make a figure or not! All they knew was that they liked what they were about and gave their whole souls to it."

Life is made up, not of great sacrifices or duties, but of little things, to which smiles and kindness, and small obligations given habitually, are what win the heart and seeure eom-

Eternity will be one glorious morning, with the sun ever climbing higher and higher; one blessed springtime and yet richer in summer -every plant in full flower, but every flower the bud of a lovelier.

Entertain no thoughts of failure, no foreboding of defeat, no distrust in your powers of accomplishment, no matter how frequently or forcibly they obtrude themselves.

Oh, do not pray for easy lives. Pray to be stronger men. Do not pray for tasks equal to your powers. Pray for powers equal to your tasks; then the doing of your work shall be no miracle. Every day you shall wonder at yourself, at the richness of life, which has come to you by the grace of God.—Grace Goodhouse's selections in the Camden Courier.

Devotion of a Great Mind to Its Duties.

Milton, the poet of Paradise Lost, who during an active life in the most troublesome times, was unceasing in the cultivation of his understanding, thus describes his own habits: "Those morning haunts are where they should be, at home; not sleeping or concocting the surfeits of an irregular feast, but up and stirring; in winter, often ere the sound of any bell awakes men to labor or devotion; in summer as oft with the bird that first rouses, or not much tardier, to read good authors, or cause them to be read, till the attention be weary, or memory have its full fraight; then with useful and generous labors preserving the body's health and hardiness, to render lightsome, clear and not lumpish obedience to the mind, to the eause of religion and our country's liberty."

Facetious Items.

Hi-"Jim Tagwood says he kin juggle ten eggs t' wunst! Keep 'em all in th' air and never smash a onc!"

Si-"Gee! He must be ambidextrous."

Hi-"By gum! He is, if that's Greek fer 'blamed liar!' "Chieago News.

We regret that the continued severe illness of Dr. Philander A. Harris, of Paterson, has prevented us from securing corrected proof of his discussion of these four papers. We hope to give it next month.-Editor.

"Pa, a man's wife is his better half, isn't

"We are told so, my son."

"Then if a man marries twice there isn't anything left of him, is there?"

-Boston Transcript.

"I tell you, Pat, my boy," the big man of the town confided, laying a patronizing hand on the young Irishman's shoulder, "I wish I had your tongue."

"Sure, sor," grinned Pat, "but it would do yez no good without me brains."—Woman's Home Companion.

"What did the doetor say was the matter with you?"

"He said he didn't know."

"Well, what doesor are you going to next?" "None. When a doctor dares to make such an admission as that he must be about as high in his profession as he can get."-London Mail.

The Early Bird.—"The man who is always punctual in keeping an appointment never loses anything."

"No; only half an hour waiting for the other fellow to show up." - Philadelphia Record.

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SOME DISORDERS OF EARLY INFANCY.*

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Early infancy has a great many vicissitudes to encounter, even when there are no congenital defects to act as a handicap. Of the great number of disturbances and discases to which the young infant is subjected, I have chosen certain disorders that have interested me particularly and it is with the hope of eliciting in the discussion the results of your experiences that the topics are presented this evening in a somewhat sketchy manner.

The symptoms which I have selected for consideration are Cyanosis, Convulsions, Hemorrhages and Vomiting. Because of their comparative frequency, their varied etiology and differing prognosis, they are particularly interesting. Often two or more of these symptoms are combined and due to the same cause, while occasionally, we meet with all of them, as in certain cases of sepsis of the newly born.

CYANOSIS.

Cyanosis may possibly exist from birth and may be constant with or without exacerbations, or it may occur a few hours or a few days after birth and be intermittent with the attacks appearing at varying intervals. The blue baby of congenital heart disease or morbus cæruleus is cyanotic from birth. There are all grades of cyanosis depending upon the severity of the heart lesion, but the blueness is constant. Exam-

*Read at the meeting of the Pedriatic Section of the Academy of Medicine of Nothern New Jersey, February 4, 1915. ination of the chest will commonly reveal a loud systolic murmur over the base of the heart, but there are not infrequently cases of cyanosis from congenital heart disease without any murmur being discoverable. In all cases, however, there is a great increase in the hemoglobin and in the number of the red cells. The feeble infant suffering from atelectasis is cyanotic all the while, but has spells of being more blue than usual.

Cyanosis in attacks comes most frequently in the premature or congenitally feeble infant, as also in those that have been asphyxiated at the time of birth. Premature babies are far more likely to suffer these attacks, probably because of their feeble muscles, their easily compressible chest walls and the undeveloped condition of the lungs, in which there is apt to be more or less atelectasis. It is only by constant watchfulness of these delicate little patients that they can be kept from serious results of the attacks. Cyanosis from simple asphyxia during birth, and due to intrapartum respiration, is frequently accompanied by the secretion of a large quantity of mucus in the bronchi and upper air passages, suggesting the bronchorrhoea that often occurs in children after ether anesthesia. The amount of mucus may be so profuse as to require being aspirated or blown out.

Indigestion in young infants is often the cause of cyanosis as well as of the more dramatic symptoms of convulsions. Rich breast milk or an unsuitable milk modification may be the occasion of the indigestion. Distension of the abdomen and the absorption of the toxic substance from the intestinal tract are responsible for the attacks. Morse, of Boston, reported in the American Journal of Diseases of Children for October, 1912, two such cases, one with cyanosis and the other with cyanosis and mild convulsions. On the other hand, lack of food

also may result in cyanosis from inanition; this is especially the case with premature infants who are too weak to draw the milk from the breast or even from the nursing bottle. Several times I have found that such babies were getting, when nursed, less than two drams of breast milk. The attacks of cyanosis disappeared when the breast milk was fed to the baby by gavage

or by means of a Breck Feeder.

Intracranial hemorrhage is, of course, next to congenital heart defect, the most serious cause of cyanosis. With such a condition, the cyanosis occurs in attacks and is accompanied by irregular or shallow respiration, often by a shrill cry and by convul-The reflexes are exaggerated and there may be spastic paralysis of the extremities, between the attacks of convulsions and cyanosis. The fontanel gradually becomes tense and loses its pulsation. spinal fluid is found to be bloody and shows old red cells. The intracranial hemorrhages may be due to birth injury or to some form of sepsis. Furthermore, septic conditions in other parts of the body may be the cause of the cyanosis.

Finally, a rare type of cyanosis is that which may occur as the result of giving bismuth subnitrate for diarrhea. In these cases there is a nitrite poisoning. Some years ago I saw one such case, and was told of several others that occurred in the Sloane

Maternity Hospital.

The treatment of cyanosis must be, if possible, in accordance with its etiology. Besides, as general prophylactic measures, feeble and premature infants must be kept warm in a well ventilated incubator room. preferably with means provided for moistening the air. They must be properly fed with a sufficient quantity of breast milk or suitable milk modification and this should be given by gavage if necessary. The bowels must be kept open and, if there are attacks of cyanosis, the respiratory center must be stimulated at stated intervals by spanking or by hot and cold baths. It may be necessary to administer oxygen at intervals for 24 or 48 hours. The newer forms of pulmotor should be of the greatest use in such cases.

CONVULSIONS.

Convulsions, mild or severe, are very closely related to cyanosis and occur in many of the same conditions. In the first place, simple asphyxia from prolonged labor may cause convulsions, probably due to carbon dioxide poisoning. These convulsions cease after a few hours, unless they are

due to intracranial birth injury. In the second place, convulsions may occur from gastro-intestinal auto-intoxication. tion of the meconium or fermentation of undigested breast or cow's milk, may be the source of the intoxication. A thorough clearing of the intestinal tract with castor oil, and the use of a much diluted milk or of protein milk for a day or so in place of the breast milk, will usually overcome the trouble. In the third place, convulsions may occur from what would appear to be an edema of the brain or its meninges. though I have no anatomical proof of this condition, I believe that it occurs, holding a position midway between the severe edema of the scalp shown in caput sucedaneum or cephalhaematoma and meningeal hemorrhage. A case which I saw some years ago, illustrated the condition. The details of the case are as follows:

The patient, V. A., was born October 6, 1906, by high forceps, labor having been induced because the mother was suffering irom acute uremia. During birth the baby was not injured in any way, except for a red mark across the left temporal region. This mark disappeared on the second day, but the baby cried with a very shrill note, refused the breast and simple remedies for colic failed to quiet him. This continued until the fifth day, when the baby had spasms of screaming and drawing up the right side of the face. The spasms would last for about half a minute and then the child would fall asleep for a few hours to be interrupted by another attack of these mild convulsions. The temperature was subnormal during the attack and the respirations were irregular and shallow. were six of the spasms during the night and ten to twelve during the day. During and between the attacks there was bulging and tension of the fontanel and it did not puls-A thorough cleansing of the bowels with calomel and castor oil was followed after some hours, by lessening of the tension in the fontanel and return of pulsation. Coincidentally, the spasms ceased, but for several days, it was noticed that the left hand was not as free or as active as the right. By the fourteen day, these symptoms had entirely disappeared and the child made a perfect recovery. There has never been any after affect of the early convulsions, the child having developed in a perfectly normal way, and being now eight vears old.

In the fourth place, convulsions may occur from intracranial hemorrhage due to birth injury. In such cases, there is generally no pulsation of the tense or bulging fontanel. Lumbar puncture may show either blood or bloody fluid, though this is not always the case if the hemorrhage is entirely cerebral. There are present also, the usual signs of intracranial pressure, such as irregular respiration, increased knee jerks, and spastic paralysis of the extremities.

As to treatment, the question of operation has to be considered. If one can be sure of the location of the hemorrhage and sure that it is traumatic there is much encouragement in the results reported by Cushing, but great caution should be exercised in the determination of the diagnosis. Two years ago a baby, that afterward came under my charge, had convulsions which appeared on the sixth day; these were thought by the attending physician to be due to intracranial hemorrhage. Having been a pupil and disciple of Dr. Cushing, he urged very strongly that the baby should be operated upon. The obstetrician in the case consulted me by telephone and together we decided there was not sufficient evidence of hemorrhage. A thorough evacuation of the bowels, together with the dilution of the rich breast milk, was followed by cessation of the convulsions.

Convulsions may arise from intracranial hemorrhage due, not to birth injury, but to sepsis. It is, of course, difficult to separate the two causes, but in the cases due to sepsis, the symptoms came on several days or even weeks after birth, instead of at once. Frequently, the obstetrical history is of help as showing the probable presence or absence of intracranial pressure. It is especially important to inquire not only with regard to the length of the second stage of labor, but also with regard to the quantity of the waters as influencing compression of the cord, as to whether or not the cord was around the neck and whether the labor was terminated by prolonged application of the forceps. In the absence of any of these circumstances and with convulsions that appear several days after birth, the intracranial hemorrhage is more likely to be due to sepsis than to trauma. The signs are those of a gradual increasing intracranial pressure. The fontanel becomes tense, later is bulging and loses its pulsation. Lumbar puncture may reveal a bloody fluid. There may or may not be fever and there may be hemorrhages elsewhere.

HEMORRHAGES.

Hemorrhage in the Newly Born .- Bleed-

ing may take place in the newly born from the umbilical cord, from slight wounds or abrasions, from mucus surfaces, especially the stomach and intestines in which case the disorder is known as melena, or the hemorrhages may appear under the skin as small or large haematomata, or there may be bleeding into the peritoneal cavity or the abdominal viscera. The liver and superarenal capsule are frequent sites as are also the lungs and pleura.

The most serious type of visceral bleeding is that which occurs within the skull or spinal canal, and this type of intracranial hemorrhage is far more frequent than we have been taught. These hemorrhages in the newly born are due either to hereditary hemophilia, to congenital syphilis or to sepsis. Formally most of the hemorrhages of early infancy, were attributed to hemophilia, but as the knowledge of these blood conditions has increased, it is found that the cases due to true hemophilia become fewer and fewer; for it is rare for this condition to show itself under one year. By far the greatest number of hemorrhages that are not traumatic, are due to sepsis, so that melena neonatorum and the hemorrhagic disease of the newly born are to be explained nearly always upon the basis of a septic infection, the hemorrhage being due either to the germs or to their toxins. The analogy with syphilis is very striking.

The hemorrhagic disease or sepsis with hemorrhage may take on various types, the commonest form being the bleeding from mucous surfaces. There is oozing of blood from the lips, or vomiting of dark blood, or the passage of tarry stools. These are the ordinary cases of melena. Unless the hemorrhage ceases spontaneously or is checked by treatment, the infants die within a very few days. The same may be said of the hemorrhages that occur from the skin or mucus surfaces in cases of syphilis, through the course of the disease is somewhat longer. Another type of hemorrhage involving the skin and the membranes of the brain is illustrated in the following cases:

(asc of Hemorrhage in the New Born (Subcutaneous and Intra-Cranial) Probably Due to Sepsis:

Patient, Baby L., was born December 20, 1908, after normal labor; there was a large cord which dried up well and came off in an apparently normal way, but left a small exuding area. The baby was nursed by the mother, but on account of the watery stools, bismuth subnitrate was given dur-

ing a period of 8 or 10 days, the baby getting in all about 48 powders of 2gr. each. The baby was first seen when 31/2 weeks old. Five days preceding my visit, a blue spot was noticed over the right ankle. This was thought by the attending physician to be either a bruise or purpura. Later there was subcutaneous hemorrhage upon the dorsum of the left hand and around the joints, one of these being below the left shoulder The blue areas became large and hard, projecting quite a good deal above the general surface of the skin. The one below the left shoulder joint became smaller in size and finally dwindled to be about the size of a small pea and very hard, apparently in the course of the cephalic vein, just below the deltoid muscle. During all this time there was not fever and no cardiac murmer.

On January 14th the temperature in the morning was 100 and in the afternoon 98 2/5. The breast milk showed 3% fat, 6% sugar and 1½% proteid. I found on the back of the left hand a semi-solid mass about the size of a hazel nut and quite sharply defined. There was no edema of the fingers on this hand and very little extravasation of blood beyond the limits of the swelling. There was no tenderness nor redness about the umbilicus and no enlargement nor tenderness of the liver. The baby was not jaundiced. The fontanel was not distened and there were no signs of brain irritation. After my visit there was injected 5 c. c. of normal horse serum daily, obtained from the Rockefeller Institute. Also inunction of unguentum Crede and calcium lactate by mouth. Two days later the report was made that during the preceding night there had been some symptoms of cerebral compression in the presence of irregular pulse, irregular respiration and more or less somnolence. That night I found the fontanel bulging greatly and the baby's pulse slow, down to 88, and the respiration irregular. By lumbar puncture 30 c. c. of bloody fluid was withdrawn. This relieved the tension in the fontanel and improved the baby's pulse and respiration. Examination of this fluid by Dr. Flexner showed absolutely nothing except blood cells either in the smear or by culture, there being no growth whatever. The baby dies on the 19th, simply going into collapse. No autopsy was obtained.

This case is similar in its symptoms, though probably not in its causation, to one reported by Dr. J. E. Welch. A baby born after slow breech labor, developed in the

third day a peculiar cry, stopped nursing and began to have spasmodic twitching of the extremities. The fontanel became tense and bulging and there was strabismus and unequal pupils, later rigidly of the neck and extremities with exaggerated knee jerks. There were no hemorrhages into the skin. Lumbar puncture drew off 15 c. c. of bloody fluid and relieved the tense fontanel. After the use of 23 doses of human serum—630 c. c. being given in 7 days, the child made improvement, beginning the second day the twitching ceased and the baby made a complete recovery, after which there were no cerebral consequences at the age of 11/2 vears.

Causation of Hemorrhages.—As to the ultimate causation of these hemorrhages in the new born, there have been several theories advanced, most of which would explain the impaired blood coagulation as due to the lack of some of the substances that precede the formation of the fibrin ferment or thrombin. A destruction of an interference with the production of thrombokinase has been found in some instances. others, there has been a deficienty in prothrobomin, which is a product of the blood platelets, and it has been found that in some of the hemorrhagic diseases and in purpura, the blood platelets have been greatly reruced, as few as 7,000 having been found in one case, whereas the normal number should be nearer 500,000. A lack of calcium salts in the blood has also been thought to interfere with the clotting, but this must rarely be the underlying condition. Sahli believes that the blood has a lessened amount of thrombokinase, because of an anomaly in the blood vessels as well as in the blood corpuscles. Welch also thinks that the underlying condition has to do with the endothelium of the blood vessels and that a disturbance of the normal ferments of these cells is the immediate cause of the hemorrhage. He would attribute the change in the endothelium to a malnutrition of the vessels, saying that putrefaction in the intestine or the presence of bacteria in the body or the organism of syphilis produce toxins which interfere with the nutrition of the vascular endothelium. Against the theory that the hemorrhage is due simply to failure of clotting, Welch argues that if merely adding the elements which promote clotting cures the trouble, there should be the formation of large clots in the massive hemorrhages that occur in the injury of the hody or under the skin. This, however, is not the result of injected blood or serum,

for no clotting takes place in the tissues and the blood of existing hemorrhages is

rapidly absorbed.

Treatment of Hemorrhages.—The older methods included the administration of calcium salts or the injection of sterilized gelatin, for the purpose of increasing the coagulability of the blood. Adrenalin was also used, both internally and locally. These measures were efficacious in only a small proportion of cases and left very much to be desired.

The modern treatment of both hemophilia and the hemorrhagic disease is the injection of human blood or blood serum obtained from some member of the patient's family. In hemophilia, Broca used with success, injections of serum every three months. This seems necessary to keep the blood coagulable. Whatever the exact cause of the bleeding, it is found that the addition of blood from human beings or from certain lower animals will add the element which promotes satisfactory clotting. horse serum or, if this in not available, diphtheria antitoxin has been satisfactorily used in many cases. The serum from sheep's blood or from rabbit's blood has also been used, but most satisfactory is the employment of human blood serum or whole Comparatively large amount of serum or blood must be given from 20 to 30 cu. cm., from I to 6 times daily for several days. Human serum never causes anaphylaxis and, as it is a perfect food, Dr. J. E. Welch, of New York, who is a strong advocate of the serum treatment, urges this as an additional advantage, that these large amounts of serum aid greatly the nutrition. He has observed that after injections, if the bleeding stops, the weight rises and the temperature, if any, falls.

The use of the whole blood is more convenient and can be employed with less loss of time, according to the suggestion of Dr. Oscar M. Schloss, who has used the method in 9 cases, with satisfactory results in 6 cases. Of the whole blood Schloss used from 10 to 30 c.c., repeated every 4 to 8 hours, as long as the hemorrhage continues. He has not had any bad results. At Bellevue Hospital I have had success with use of blood or blood serum in three cases, and in no case which was not moribund on admission, was there a failure. Brief reports

of these cases are as follows:

Case of hemorrhage in the newly born; cured by injections of whole blood.

Name: Dora Blackel. Nativity: U. S. A. Age: 2 days. Admitted: Nov. 26, 1912. Discharged: Dec. 4, 1912.

Complaint.—Bleeding from rectum. Family History.—Native. Only child. None dead. No miscarriages. No history of syphilis or tuberculosis.

Past History.—Full term. Instrumental delivery. Breast fed I oz. to-day. Refuses to nurse. Seemed well and active at birth.

Present illness.—Since 5 P. M. to-day child began to vomit and pass blood by rectum. Seemed to have lost a considerable quantity of blood. Vomited blood 3 or 4 times. Bowels moved previous to vomiting blood and stools were black. Baby cried a great deal since birth.

Physical Examination at Time of Entrance.—Child brought to admission room, cold, prostrated, pulse rapid, barely palpable. Color ashen, cheeks sunken; respiration rapid and shallow. Very inactive child when manipulated. Considerable oozing of dark red non-coagulated blood by rectum. 30 c. c. fresh blood obtained from a donor outside of family, administered subcutaneously. (Donor is free from specific discase).

Nov. 27—Skin and sclera of eyes jaundiced.; no more free bleeding—blood in stools. 40 c. c. Placental serum given subcautaneously—Coag. time 7 minutes. Nov. 28—General condition somewhat improved, but still prostrated; no bleeding evident; no fresh blood in stools, but stools are tarry. Nov. 29—Child appears bright, takes feedings with avidity. Nov. 30—General condition good; jaundices about the same.

Dec. I—Jaundice about same; heart negative, lungs neg. Dec.2—Coagulation times 6 minutes-Hoarse hair method. Dec. 3—Takes feeding well; general condition, very good; jaundice less marked; no evidence of blood injection, except for needle prick in skin. Dec. 4—Child sent home to mother to nurse; since general condition is excellent and coagulation time now only 6 minutes; to report to hospital weekly; temperature subnormal during first 2 days after admission; since then has remained normal. Jan. 7—Child returned to-day for examination; weight 7 lbs. 8 oz.; condition excellent. Jan. 10-Weight 7 lbs. 11½ oz. Jan. 16—Small trace of blood in stool. Jan. 17—20 c. c. mother's blood given subcutaneously; 8 lbs. 4½ oz. Jan. 25—8 lbs. 9½ oz.; condition excellent.

The second case is that of Baby H., admitted February 25, 1914, when 3 days old, with a history of bleeding from the mouth and rectum. There was no family history of syphilis. On admission the coagulation of the time of the blood was found to be

16 minutes, and a few hours after admission 8 c. c. of horse serum were administered. 4 hours later 25 c. c. of paternal blood were given subcutaneously, and 7 hours later 80 c. c. of blood from a maternal aunt were given. Meanwhile 20 c. c. of horse serum had been given subcutaneously and 15 c. c. by mouth. On the next day in the morning 35 c. c. of the aunt's blood were given and in the evening 30 c. c. more. Meanwhile 30 c. c. of horse serum had been given by mouth. On the third day 30 c. c. of aunt's blood were given subcutaneously and 15 c. c. of horse serum by mouth. After this there was no more bleeding and the baby was discharged cured 10 days after admission.

The third case was that of Baby C., admitted October 18, 1914, when three days old, with the history of bleeding from the rectum. On the same day 14 c.c. of horse serum were given and the following day 20 c.c. of the father's blood subcutaneously. On the third and fifth day after admission there was a dark bloody stool. On the fourth day after admission 15 c.e. of horse serum were given, and this was repeated on the seventh and eighth day. After this there was no more bleeding.

The direct transfusion of blood remains as a last resort, and the classical case of Dr. Lambert's baby will ever stand as a landmark for the treatment of hemorrhagic disease. On account, however, of the technical difficulties of this method, it can never be generally used and the employment of the serum or of the whole blood, will remain the method most generally applicable. Test should be made for hemolysis before transfusion is done, though this is not apt to occur when the blood is taken from a member of the same family.

The modern treatment for hemorrhages when due to syphilis, is the injection of salvarsan or neosalvarsan intravenously, together with the use of mercurial inunctions and combined with the injections of blood or blood serum. Many a life is now saved by these procedures which formerly would surely have been lost.

SEPSIS:

Sepsis in infants may be caused by a great variety of germs, most frequently the pyogenic cocci, the diplococcus of pneumonia, the colon bacillus, the bacillus pyocyaneus, the influenza bacillus and the bacillus of Friedlander. It may be impossible in a given case to demonstrate the presence of bacteria in the blood, and in these circumstances one is led by analogy of the

symptoms and of the necropsy findings to put them in this class when the clinical and pathological findings agree with those in which bacteria have been shown. The infection may come from milk, from the water used in cleansing the mouth or in giving the bath; it may come from intestinal tract, but most of all, through the upper respiratory tract, from exposure to other infants or to nurses who are suffering from some infection.

In rare instances, the infant may be born septic, or may become infected through aspiration of infected liquor amnii. The umbilical cord is the most frequent entrance port for sepsis; and next in frequency is the skin. Slight wounds or such a skin disease as eczema or the breaking down of the naevus may permit general infection. The ulcerated covering of a spina bifida may serve the same purpose. The mucous membrane of the gastro-intestinal tract is frequently the port of entrance; intestinal streptococci or other germs passing through the membrane abraded as a result of intestinal irritation.

Susceptibility to Sepsis.—Because of the undeveloped condition of the skin and mucous membrane, the newly born are exceedingly susceptible to septic infection, moreover, the blood vessels are very friable, so that merely a great increase in blood pressure may suffice to induce hemorrhage. This fragility is increased if there is toxemia or infection. The younger the child, the less the resistance, so that the premature infant is most easily attacked. Moreover, infants in institutions are far more apt to become septic. This has been shown many times when there was prevelant in maternities some form of puerperal infection. Young infants have a very low degree of protective power which is partly attributed to the undeveloped condition of the lymph nodes of the skin and of the gastro-intestinal tract. It is even said that the intestinal mucous membrane is pervious to bacteria without any lesion. According to Halban and Landsteiner, the susceptibility of the young infant to septic infection is largely due to its insufficient capacity for manufacturing protective substances. Breast fed infants are attacked much less often than those who are artificially fed and Moro explains this on the basis of the transmission to the baby of alexins through the mother's milk. There is advanced also a theory that the cells of the artificially fed children are so taxed by the assimilation of the foreign proteins that they can elaborate less protective substance against possible infection.

Symptoms of Sepsis.—Sepsis in the new born occurs in many forms. Some cases run their course without symptoms or with only a little fever. Others show signs of acute gastro-intestinal diseases or of pneumonia, especially broncho-pneumonia. Other patients show the picture or meningitis and still others are cases of hemorrhagic disease with or without a combination of the meningeal pulmonary or intestinal symptoms. Occasionally sepsis affects the joints, the bones, or the tissues near the joints.

Some typical cases are the following:

Case of Sepsis Showing Cyanosis. -Baby G. four and one-half weeks old was perfectly well until four days before admission. Then there was vomiting, diarrhoea and rapid breathing. A loud blowing systolic murmur was heard all over the precordium and there was some dulness and bronchial breathing of the right lung behind. There was a temperature ranging as high as 102, without any localizing symptoms; the baby failed rapidly and died the following day. There were no convulsions but some cyanosis. At autopsy the brain showed thrombosis of the lateral sinuses with hemorrhage into the choroid plexus of the lateral and fourth ventricles. Friedlander bacillus was found in the spleen and heart's blood. There was also found patent ductus arteriosus, patent foramen ovale and some atelectasis of the lung. There was no pneumonia. There was a case that had serious brain lesions, but with no cerebral symptoms except the cyanosis.

Case of Sepsis Showing Cyanosis and Convulsions.—Baby F. O., age six weeks admitted to Bellevue Hospital July 1, 1912, with the complaint that the baby gets blue and coughs. The family history was negative and there were no miscarriages. First child, full term, form after normal delivery with no cyanosis. The infant was well until five and one-half weeks of age when there were attacks of flueness and cough. There were no convulsions nor any diar-

rhoea.

On admission the baby was found to be poorly developed and cyanotic all over. The heart was normal in size and position, and there was no murmur. All over the left lower lobe of the lung there was harsh breathing and voice, together with slight dulness. The respirations were slow, irregular and shallow. Liver and spleen were not felt. The reflexes were not ab-

normally lively. The fontanel was full and tense and there was no pulsation. days after admission the baby had convulsions on slight manipulation and these became very frequent, meanwhile, the cyanosis persisted. On the third day after admission there was discovered a short systolic blowing murmur at the apex. The baby was taking the food well and the stools were two daily and normal. On the next day the heart murmur was more marked and an X-ray plate taken showed a moderate amount of infiltration of bases of both lungs, together with some bulging of the right auricle of the heart. On the fifth day after entrance the fontanel was more tense and there were still no pulsations. The lumbar punctures were made and both drew blood-stained fluid. The baby died on the sixth day after admission. During its stay at the hospital, the temperature ranged from 97 on admission to 100, but most of the time was about nor-

At the autopsy there was found infective thrombosis of the longitudinal and lateral sinuses; hemorrhagic encephalitis with hemorrhage into the lateral ventricles. There was slight atelectasis of both lungs, also parenchymatous hepatitis and nephritis and infective follicular enteritis. The heart showed an acute verrucous mitral valvulitis together with dilatation of the right auricle and ventricle. The middle ears were normal. According to Dr. Charles Norris, cultures from the liver and blood showed a bacillus of the Escherich group.

Here was a case that developed under observation, the signs of acute meningitis and of acute endocarditis due to sepsis,

probably from the intestinal tract.

Case of Sepsis Showing Cyanosis and Irregular Respiration.—Baby F. W., two weeks old, was admitted to the hospital August 16, 1912. The child had been breast fed and there had been no vomiting nor diarrhoea. Chief complaint was cough and On entrance, the baby was blueness. found cyanotic but the heart sounds were normal. There were evidences of rightsided pneumonia and there was some enlargement of the spleen. On the third day after admission the baby had attacks of cyanosis and irregular respiration. temperature ranged between normal and 101, which occurred on the day of death, four days after entrance. There was no bulging of the fontanel.

At the autopsy there were found acute suppurative meningitis with exudate on the

under side of the brain and cerebellum, lobar pneumonia on the right lower lobe with areas of septic lobular pneumonia in both lungs. Here was a case in which there was a septic pneumonia with temperature only up to 100 degrees, and a meningitis affecting particularly the posterior fossa without any bulging of the fontanel.

Case of Convulsions Due to Septic Meningitis.—Baby J. G., three weeks old, admitted to the hospital June 7th. The baby was born by normal delivery and was breast Was well up to the age of three weeks, when it had a series of attacks of convulsions accompanied by rigidity and cyanosis. The baby had vomited four or five times before admission, but there was no fever. Attacks of convulsions lasted two or three minutes and were repeated several times during the day. The fontanel was found tense and bulging and there was some rigidity in the neck. The ears were normal as was also the navel. the day after entrance, turbid fluid was obtained by lumbar puncture, showing streptococci in culture. The Wassermann reaction was negative. On the following day streptococci were again found by culture of the fluid obtained by a second lumbar puncture. There was no autopsy, but the case was undoubtedly one of streptococcus sepsis with meningitis.

Treatment of Sepsis. — Prophylactic measures are the best. After the condition has arisen, in addition to proper feeding. airing and nursing, all the avenues of elimination should be encouraged to work to the fullest extent. Vaccines can hardly be expected to do any good, considering that the system is already deluged with bacteria. Antisera have not hitherto proved satisfactory, but much may be hoped from their further development. Urotropin should be given a trial, but perhaps the most promising treatment is either transfusion or the injection of normal blood or serum. To encourage one in making a trial of the serum injections. Welch reports four cases of streptococcus septicemia in puerperal women. All the cases were regarded as hopeless, but two of them made striking recov-

eries.

VOMITING.

Occasional vomiting is met with in all infants whether they are nursed or bottle fed, perhaps more frequently in breast fed babies. This is usually due to too long or too rapid nursing or to taking too much from the bottle. In such cases the baby vomits within fifteen or twenty minutes

after the food and the vomitus is not sour. Sour vomiting shortly after the feeding means usually too frequent nursing or too rich food. The fault in these cases is usually the excess of fat. This is also the usual cause when there is constant sour regurgitation between the feedings, though the sugar also may be at fault, even with nursing babies. Changing the quantity and the intervals of feeding, together with dilution of the baby's milk or a lessening of the fat and sugar in the formula, usually corrects

promptly this type of vomiting.

But there is another kind of vomiting that comes on in the early weeks of life which is persistent and not controlled by any of the simple measures referred to. is peculiar in occuring very frequently in nursing infants. Beginning when the baby is two or three weeks old, it at first appears like ordinary vomiting, but gradually the type changes, becoming more and more forcible until the vomitus is projected in a stream over the edge of the crib. It may come on in the midst of nursing, though not at every feeding. Frequently the baby will not vomit for two or three feedings and then a large quantity will be forcibly ejected, sufficient in amount to equal what had been taken at the preceding two or three nursings. Change of the regime or modification of the formula has very little effect. Even stomach washing does not control the difficulty, though it nearly always lessens the frequency of the attacks. Gradually the stomach becomes dilated, while the stools and urine become very scanty and the child loses rapidly in weight. This type of vomiting is due to stenosis of the pylorus.

STENOSIS OF THE PYLORUS.

The first description of this condition, though not under this title, appeared in an article published in New Haven by Dr. Hezekiah Beardsley in 1788. This paper was republished at the suggestion of Dr. William Osler in the "Archives of Pediatrics" The description of this for May, 1903. ancient case was accompanied by the necropsy findings. Martin in 1826 and Pauli in 1828 described cases. The next mention of the disease was by Williamson in 1841. But the subject was brought prominently before the medical profession by Hirschsprung before the German Pediatric Society in 1887. Since then the condition has been observed quite frequently and numer ous papers dealing with various phases of the subject have appeared. Up to 1908 over 400 cases had been published. The main discussion has turned upon whether

the condition is one of congenital hypertrophy, or one of acquired hypertrophy the result of spasm, or is simply due to spasmodic contraction of a normal pylorus. From a consideration of the case reported, together with the result of autopsy findings and of inspection at the time of surgical operations, as well as from the study of the sections removed at the time of the operation, it is definitely established that in many cases there is hypertrophy of the muscular coats of the pylorus and that in certain cases this hypertrophy is congenital. It is probably true that the hypertrophy increases after birth because of the muscular spasm which is present to a greater or less degree in all cases. There are various degrees of this congenital and acquired Moreover, there are many hypertrophy. cases that give some or all of the symptoms of cases of true hypertrophy in which there is no thickening of the muscular coat and the symptoms are produced by spasm alone. These last cases may be considered as closely allied to cases of severe vomiting from spasmodic closure due to gastric indigestion.

Hypertrophic Pyloric Stenosis, according to Pfaundler, occur almost entirely in the Anglo-Saxon and Scandinavian races. From Latin or Slavic countries few or no cases have been reported. More than one-half of the cases occur in breast fed children and over one-third in those who have never had anything but breast milk up to the time of their sickness. The age of the child at the time when the attack comes on is from one to four days in onefourth of the cases, four to sixteen days in one-fourth of the cases, two to three weeks in one-fourth of the cases and three to eight weeks in the final quarter of the cases. It is to be particularly kept in mind that the vomiting may be delayed for several weeks afer birth.

Pylorospasm. Reports of pylorospasm in infants have come from the most diverse countries; so that this condition has wide geographical distribution. There is also a family predisposition. It has often happened that after one such case in a family the mother has herself made the diagnosis in a second case. Hereditary factors and especially a neuropathic taint seem to play a role in its production. The first signs of the disease appear on the average later than in the case of hypertrophic stenosis, not often, however, after the end of the first year. It occurs especially in arti-

ficially fed children suffering from some alimentary disturbance.

Symptoms in General.—The infant who is healthy at birth, so far as appearance go, begins when two or three weeks old to vomit the nursings. At first the vomiting is not much more than frequently occurs from overloading the stomach, but it is persistent and increases. Sometimes the infant will not vomit for several feedings and then will eject forcibly a quantity of partly digested milk sufficient to represent several nursings. The vomitus is projected with such force that it may pass in a jet or stream to a distance of three or four feet, or "across the bed" as the mothers often report. The vomiting occurs without evident signs of indigestion, although the vomitus represents various stages of gastric digestion. If dietetic and medical measures fail to relieve the condition, the symptoms persist and increase. There is constipation, the stools being very small, and later stages consist simply of brownish or dark greenish mucus like the meconium stools of the new-Meantime the baby loses born baby. weight, becomes emaciated, and finally presents the picture of marasmus.

Examination of the abdomen reveals peristaltic waves passing across the epigastrium usually from left to right. These are more apt to occur shortly after food has been taken. The appearance has been well compared to that of a small ball rolling across under the abdominal wall. At times the waves are doubled, giving the appearance of a hour glass and occasionally their direction is reversed. Palpation in cases where the liver is not enlarged reveals a hard mass at the pyloric end of the stomach, feeling much like a spool or an olive under the abdominal wall. The peristaltic waves of the stomach can also be felt. Percussion reveals frequently enlargement of the stomach, its lower border extending a variable distance toward the umbilicus. The symptoms in detail are as follows:

(a) Hypertrophic Stenosis.— (1) Vomiting occurs at first only now and then, later more often, and finally after almost every feeding. The vomiting takes place either at once or from one to three hours after the nursing. The vomited material contains mucus together with the partially digested food, and has a strong odor of butyric acid; it is seldom foul. There is, according to most observers, never any bile present, although exceptions to this rule have been reported by Schwyzer and by

Saunders. The vomiting is not accompa-

nied by any signs of nausea or collapse.

(2) Visible peristalsis is a characteristic symptom and one which is seldom absent. This is not accompanied by any pain. If the abdomen is in a good light, there can be seen traveling across the epigastrium from left to right a wave of elevated contraction. The significance of this symptom is less than formerly supposed, since cases of pyloric spasm show it, and it is also present in emaciated or rachitic infants that have gastric dilatation with vomiting. Again, according to Rotch, visible peristalsis may not be observed in true cases of hypertrophy. The most marked waves I ever observed were in a baby one year old, suffering from Mongolism. The stomach wall was thick and at the time of the wave, the artery on the greater curvature could easily be felt pulsating. There was no vomiting. Recently I have seen another case of peristaltic waves in a baby with dilated stomach from starch indigestion. There was seldom any vomiting.

Palpable Tumor of the Pylorus.— This is an an inconstant symptom but very valuable when present. It appears about the end of the fourth week of the illness. Slightly to the right of the median line, often through the space between the rectus muscles, there can frequently be felt a resistant tumor about the size of a hazelnut. an olive or a spool. It was once thought that a palpable pylorus was absolutely diaguostic of hypertrophy, and that when present, it demanded surgical intervention. is now known, however, that cases can recover under medical treatment even when palpable pylorus is present. Neild reported two cases in which the pylorus was both visible and palpable that recovered after treatment by small doses of opium. Numerous cases have been reported in which there were a palpable tumor and peristaltic waves together with persistent vomiting, that have recovered under dietetic and medicinal treatment, many of them after operation had been advised but refused. have had six such cases. On the other hand, without the presence of pyloric tumor it is unsafe to make a diagnosis of hypertrophic stenosis of the pylorus, since visible peristalsis and the other symptoms are frequently present in cases of gastric or pyloric spasm without stenosis.

(4) Loss in Weight.—This depends upon the loss of water and fat. fant may lose an ounce or more daily and finally present the picture of marasmus,

with subnormal temperature, sunken fontanel, and anaemic redundant skin hanging in folds over the extremities. Huebner saw, in two cases of pylorospasm, weights of five and one-half pounds in a six-months child, and five and one-quarter pounds in a four-months child

(5) Obstinate Constipation—The stools are very small or they may be none at all from three to twelve days; then the stool is like that of starvation, and looks like

meconium.

(6) Scanty Urine depends directly on the amount of water absorbed. The urine passed is, of course, rich in solids. Symptoms (4), (5) and (6) are a direct result of the vomiting.

(7) Sunken Abdomen and Dilatation of the Stomach are symptoms of less import-

Motor Insufficiency.—If the stomach tube is used three or four hours after feeding, there is withdrawn a large quantity of partially digested food, with usually more than the normal amount of mucus. At times too, a mucus plug is obtained by lavage. Hyperacidity due to butyric fermentation has been found in certain cases, as has also hyperchlorhydria. This last is in contrast to the usual low acidity of most other digestive disturbances in infancy.

(b) Pylorospasm. — The earlier symptoms are similar to those of hypertrophy, but less severe. The vomiting is not so frequent nor so regular; the intervals between the spells being longer; moreover, it is not so explosive, being more in the nature of regurgitation. The stools are often green, containing mucus, and the constipation alternates with diarrhoea. In severe attacks wasting follows as a result of the digestive disturbances and the vomiting. Visible peristalsis of the stomach and occasionally also palpable tumor of the pylorus are present. Hyperacidity and hyperchlorhydria are both found at times.

Course.—Unless food is able to pass the pylorus in sufficient quantity, the patient gradually starves to death notwithstanding attempts at rectal feeding. Signs of improvement are as follows: There is a cessation of the vomiting and a reappearance of milk visible in the stools; the loss of weight ceases and the fretful whining disappears; finally the peristalsis becomes less evident and gradually disappears entirely.

Pathogenesis.—There are many theories in regard to this condition. It is claimed by some (Cautley and Peden), that in her effort to supply an efficient pylorus, nat ire

exceeded the needs of the case and deposited an excessive amount of muscular tissue in that region. Thomson thinks that there is hypertrophy due to excessive functioning depending upon nervous inco-ordination. He calls the condition congenital gastric spasm, and thinks that it is analogous to the spasm of the pylorus that occurs in Reichmann's disease in adults. ham from his anatomical investigations on lower animals, and Neild from his clinical experience with adults, believe that the stenosis is due to spasm. Still considers it as "gastric stuttering." Wernstedt thinks that the cases in which there is hypertrophy are really congenital, agreeing with Cautley as to their pathogenesis. But in regard to the other cases of stenosis, he thinks that

they are due to spasm.

Etiology.—There is a tendency to divide the etiology of the cases of hypertrophy from those of spasm, although this division does not seem to be satisfactory. The roles of race and sex in predisposing to the condition are rather doubtful, I think. Heredity seems to play a role, Rolleston having met three cases in the same family, and Henschel and Heubner having had the same experience. Rolleston thinks that this family peculiarity is comparable to that met in congenital obliteration of the bile ducts. As regards pylorospasm, one would expect that a nervous heredity would be a predisposing Undoubtedly gastric indigestion, which is more apt to occur in artificially fed infants, is at times the causative factor in pylorospasm. In both conditions, however, there must be some underlying peculiarity either of the nervous mechanism or in the musculature at the pyloric end of the stomach. As a matter of fact, the etiology of the pyloric stenosis is still in obscurity.

Diagnosis.—The important signs for diagnosis of pyloric stenosis are: (1) Projectile vomiting without evidences of indigestion; (2) visible peristalsis; (3) palpable pylorus. In addition to these symptoms, obstinate constipation and the finding of food remains in the dilated stomach several hours after the feedings are important. The X-ray after a bismuth meal may show the stenosis most beautifully. As regards the diagnosis between hypertrophy and pylorospasm, it would be seen at the present time to be impossible to determine at the outset which condition is present. The exact diagnosis must await the results of mcdical treatment. Even then it is quite probable that cases of hypertrophy, if of mild grade, may end in recovery without surgical intervention.

Differential Diagnosis.—Pyloric stenosis must be distinguished from gastric indigestion with severe vomiting. The important signs indicating stenosis are the absence of bile from the vomited matter, and palpable pylorus. In very rare instances pyloric stenosis might be confounded with congenital atresia of the pylorus or congenital stenosis or atresia of the duodenum. I have had one case in which the duodenum was compressed by a band—in this instance, however, there was always bile in the vomited material.

Prognosis.—The prognosis of pyloric stenosis varies with the time of onset and with the severity of the symptoms; the later the vomiting begins, the better the prognosis, as a rule. Inasmuch as all grades of stenosis may be present, and since even with hypertrophy there may be varying grades of spasm, the ultimate outcome of any particular case must depend upon the success of various medical, dietetic, and surgical measures used in treatment.

Treatment—Medical.—Since in any given case it is impossible to know at the outset whether one is dealing with a case of hypertrophy combined with spasm or a case of spasm alone, the aim of conservative treatment must be to prevent all irritation of the pyloric end of the stomach by food remains or by the acrid products of gastric indigestion. Moreover, in addition to these dietetic measures, treatment should be directed to removing acid mucus, to rendering the pylorus less sensitive and to relaxing whatever spasm may be present.

As to the diet, breast milk is, of course, to be preferred; but inasmuch as many of the cases arise in breast-fed infants, it is evident that some modification of the milk or of the method of feeding is advisable. The nursings should be for a shorter period of time than usual in a baby of the given age, and the intervals between the nursings should be long, in order to allow the stomach to complete the necessary changes in the milk and to be thoroughly evacuated. The breast milk should be diluted if its fat percentage is three or over. This is best done by giving lime water or carbohydrate gruel before the feedings. If it is impossible to obtain breast milk, modified cow's milk of low fat percentage, prepared from skim-milk with a thin cereal gruel and rendered alkaline by lime water, is the best substitute. In some cases peptonizing does good. The proprietary foods that are rich in maltose are apt to increase the trouble. Sutherland advises the use of raw beef juice and the administration of carminative waters between the feedings.

Lavage of the stomach with normal saline solution or with 1% bi-carbonate of sodium solution, according to Still's proposal, has seemed of advantage in numerous instances. It probably is of most benefit in cases that show an excess of mucus in the vomitus. At-times a hard mucus plug will be washed out, and after such treatment the amount of food passing into the intestines will be increased. Paregoric from five to ten minims, given before the feedings, is at times of distinct value, in my experience. Warm compresses upon the abdomen or poultices applied to the epigastrium are sometimes of value, and should be used in every case. One of the best measures is saline solution, given for one hour two or three times daily by the Murphy drip method. This adds fluid and the salt is supposed to aid in relaxing the pylorus through the HCL. control.

Surgical Treatment.—Operative treatment should be a last resort, since the mortality of operated cases is very high—from 20 to 70 per cent., according to the skill and experience of the operator. About this condition, as about most others which may demand operation, the surgeons make the assertion, and with much justification, that the mortality rate would be much lower if the cases were operated upon earlier. The decision to operate should be made before the child has become badly debilitated. This means that the dietetic and medical treatment be thorough and that careful observations should be made to determine whether the child is making progress in the right direction. If the stools are merely meconium, if the residue in the stomach increases and the baby loses weight, it is wisest to The presence of a spool-like tumor does not necessarily mean that operation should be done. The most important factors determining operations are the baby's weight and the quantity of the stools. If the stools increase in size the operation should be postponed.

Various operative procedures have been proposed. Pyloroplasty and Loreta's divulsion were favored in the earliest cases; but as experience with the condition has increased, posterior gastro-enterostomy has become the favorite operation and can be credited with the greatest number of operative cures.

"MUSCLE-SPLITTING OPERATION."

Rammstedt reports the successful application in two cases of Weber's technic of this procedure for a partial plastic operation on the pylorus without opening the mucosa. Both patients were young male infants and the results were highly satisfactory. The serosa and the thick muscular ring are incised without disturbing the mucosa; the muscular ring gapes at once afterward, sufficient to correct the tendency to stenosis. The muscular ring is found to be closely contracted, bloodless, and, once divided, it separates, widening the lumen sufficiently for the desired purpose. make sure of this, however, in his first case, Rammstedt sutured the incision, drawing the lips transverse, and suturing a wisp of omentum over the whole to protect the line of suture beneath. The child vomited occasionally afterward and was a long time convalescing. In the future, Rammstedt intends to refrain from the transverse suture, being convinced that the splitting of the muscular ring answers the purpose This corrects the spasmodic contracture of the pylorus; the hypertrophy will not cause disturbance if the spasm is corrected. This is rendered certain by the finding of a hypertrophied pylorus in children who have recovered from early stenosis of the pylorus and have died of intercurrent disease. If the slit pylorus is left a little incontinent, this can be regarded as an advantage rather than the reverse. He treated the other male infant in this way more recently, merely slitting the muscular ring of the pylorus below the mucosa, not attempting any suture afterward, and the results were perfect. The infant was completely relieved of all disturbances and never vomited after the operation, but rapidly recuperated under appropriate dieting. As the duodenum is atrophied in these cases from disuse and is not accustomed to receiving much chyme at a time, it must be gradually trained to this after the operation.

I have had one case treated in this way by Dr. Abbe, of New York. The child died because of oedema at the site of the incision, causing a persistence of the obstruction. Dr. Wm. A. Downes tells me that he has done the Rammstedt muscular splitting operation in five cases with succes in three instances. Altogether, Downes has had 33 cases of operation for pyloric stenosis, with cure in 22. These are among the best figures extant.

My personal experience with this condition comprises seventeen cases. They can

be divided into two groups: First, those that had spasm alone or spasm with more or less hypertrophy, but in which the spasm was the prominent feature, and, second, those that had spasm and hypertrophy in which the hypertrophy either was or became the most important factor. It is altogether probable that the cases change from one group to the other, the long continuance of the spasmodic attacks inducing an increase in the hypertrophy; in all the severe cases more or less hypertrophy is present. Also it is probable that the presence of an original hypertrophy which may be small in amount results in spasm which increases the hypertrophy. Of the cases in the first two groups, viz.—those of spasm alone or spasm with some hypertrophy there were ten patients. All of these except one recovered and without operation. In two of them operation was advised by other consultants because of marked persistaltic waves, and the hard spool representing the pylorus. Four years have elapsed with one of these and three years with the other and the children are in perfect health. The one patient that died had severe spasm with marked peristaltic waves but no tumor. Necropsy showed a normal pylorus.

Of the cases in which hypertrophy was the prominent feature I have had seven. Six of these were operated on and five died. The other case not operated on died while the surgeon was deciding whether the case needed operation. It must be added, however, that three of these cases were operated at a time when the technique of the operation was new and not so well understood as at present. I should consider that operation is absolutely indicated as the only hope of recovery in all cases in which hyper-

trophy is the prominent feature.

As regards diagnosis of the condition of stenosis, peristaltic waves are generally pathognomonic. There are, however, exceptions to this; for the most marked peristalsis of the stomach I have ever seen occurred in an infant eleven months old, who was a Mongol. The mother had noticed a peculiar swelling in the upper part of the abdomen whenever the child was given a bath. In this infant the hour glass wave crossing the stomach was very prominent, the stomach wall was thick and could be picked up with the fingers and even the artery at the greater curvature of the stomach could be felt pulsating. The infant did not vomit and never had vomited any more than a healthy baby does occasionally.

The presence of the spool at the pyloric

end of the stomach is, of course, diagnostic of pyloric stenosis. It does not, however, necessarily mean hypertrophy, and particularly it does not indicate that operation is necessary. All but two of my spasm cases had the spool very well marked and yet they recovered by medical measures. To my mind the most important indications for operation are two, viz.—progressive loss in weight together with the absence of any food residue in the stools. So long as one sees evidences of food passing into the intestine he may use medical measures unless the general condition of the child is failing. It should be remembered that after a gradual loss of an ounce or two a day for several days the infant may suddenly go into a bad collapse so that slight indication of a change for the worse in the general condition must be seriously regarded.

The after care of operated cases is of extreme importance, for it is a common experience to have such patients do well for three or four days and then to die of exhaustion or respiratory failure even after there has been no vomiting and after good stools have been passed. Careful feeding, extreme quiet and the employment of the

Murphy drip are very important.

113 East 61st Street, New York.

THE TREATMENT OF ACUTE SUP-PURATIVE OTITIS MEDIA IN INFANTS AND CHILDREN.

By C. Coulter Charlton, M. D., Atlantic City, N. J.

This is the time of the year that we all have a large number of acute suppurative cases of the middle ear. I think it of interest to every doctor to be able to make an early diagnosis in these cases, especially, in infants and young children. To-day we see many people in the better walks of life who have discharging ears from the neglect of an early diagnosis and proper treatment. In the past few years the frequency of these cases has aroused not only the aurist, but those engaged in pediatrics as well as general practice.

Poitzer quotes, that of 230 children examined by Kutcharsianz between the ages of several days and seven months, that only 30 cases showed normal drum membranes. Fifty showed signs of catarrh and 150 of a purulent inflammation. The investigations of E. Weil on the ears of 5,905

school children showed the frequency of middle ear conditions decreased with the advancing age of children, but as they grow older they are still more prone to this affection than adults. Many infants are seen daily with discharging ears which seem not to interest the doctor or family in the least.

Ponfick's report of 100 autopsies performed on children under four years of age that had died from various diseases showed 91 cases of otitis media purulenta and nine normal cases. Seventy-seven of the 91 had both ears involved and fourteen cases had only one ear involved. There were only ten cases of the 91 otitis media purulenta cases that were diagnosed before death. You can readily see how an early diagnosis and proper treatment administered could lower the mortality rate.

In some of the leading hospitals for children, in New York, I have been told that where a paracentesis was performed before rupture that rarely a case developed mastoiditis that required an operation. Most of cases that have been incised before rupture seldom discharge more than two to four weeks. In infants and young children most all cases of infection of the middle ear extend through the eustachian tube. The tube is wider and shorter than in adults, therefore, the middle ear is nearer the seat of most frequent foci of infection —the naso-pharynx. In treatment of these cases, you see why we should pay special attention to the nose and throat.

Some of the most frequent causes, catarrh, adenoid vegetation, tonsilitis, bronchitis and pneumonia. Many babies with acute otitis media, apparently, show few symptoms. In these cases the only way to establish a positive diagnosis is by observation of the drum membrane. Should the drum show a hyperemia at the handle of the malleus, injection of the vessels, pale and yellow discoloration with bulging, a paracentesis should be performed. Oftentimes, children will begin by being restless, irritable, with poor appetites, sensitive around the head and holding hands to it. In some of these cases the disturbance of the intestines are observed before the symptoms of the middle ear. In healthy babies the symptoms, generally, come on suddenly with a cry, restlessness, tremor and rise in temperature to about 102 to 105 degrees Fahrenheit. The child is often noticed rubbing the ears or side of head. If only one ear is involved the child generally rests more quietly when laid on affected side. The pain is most often paroxysmal and grows worse at night, but if free perspiration is established this pain is often relieved. I want to emphasize that every baby that has a rise of temperature should have an examination of the ears and throat.

In my hands the best result from treatment has occurred where peroxide of hydrogen was instilled into canal before and during irrigation. Do not be afraid to use plenty of hot cleansing solution. Some disagree in regard to the use of peroxide of hydrogen, but in my practice I have found it most useful. Oftentimes the canal, in ears of children is so small that the secretion blocks it, and where this happens irrigations of any kind often prove useless. If you use the instillations of peroxide of hydrogen, in these cases you will see that you will be able to cleanse the ear, otherwise, you would get negative results. All cases should be treated systematically, and as often as the discharge indicates it. Most of these cases require irrigations every one, two, three or four hours during the active discharging stage. I think the heat of the solution, by bringing more pure blood to the seat of trouble, does as much good as the cleansing of the canal. In all of my cases I use the solution as hot as the patient can stand without burning them. In most all homes you will find a douche bag that will hold two or three quarts, and, by inserting a straight tip medicine dropper in end of tube, will prove as useful as any other irrigating apparatus.

Sometimes it is advisable to insert a gauze wick into canal between treatments, and other times a slight amount of suction may prove beneficial, but in infants, this is not used as often as in adults. In following up the after treatment I find in those cases where inflation of the tube has not been used, you are more liable to have impairment of hearing. Generally, most otitis cases show a tendency to recur until about the twelfth or fourteenth year. Therefore, these cases should receive proper attention, and the naso-pharynx attended to between attacks. Post-nasal douches, with warm saline or Dobell's solution followed by applications of argyrol or some of the iodine preparations, have proven very useful.

The tendency of a paracentesis is to heal rapidly, so by giving the ear careful attention and instilling peroxide of hydrogen followed by irrigations, you can, as a rule, keep free drainage established. The cases following infectious disease, as measles, diphtheria and scarlet fever, give us the most trouble. On account of the extensive

destruction of the middle ear, and complications, great care should be used in treating these cases. Even with the great destruction done, in some of these cases, we get very good results as far as hearing is concerned. In all cases of acute suppurative otitis media in babies there is less chance of mastoid involvement than in adults, as the drainage is more favorable. The experience of most otologists has been that mastoiditis can be prevented, in all but a small percentage, by careful attention in the early stage.

For most doctors it is quite a task to make a satisfactory examination, and even the specialist oftentimes find it difficult in babies. Opinion of persons who occasionally make aural examinations is of little value, but by constant examinations, as of other parts of the body, you will in time be able to satisfy yourself in regard to your observations. When infants have not responded to thorough treatment of their ear condition by the external canal and are still loosing their vitality, without any signs of improvement it is time to consider opening and draining from behind. In all ear cases where there has been discharge with pain and vou have a sudden cessation of that pain with diminution of secretion, you want to watch for the spreading of the pathological condition to the mastoid cells. Do not wait for periosteal abscess over mastoid before considering an operation.

We must always keep before us the seriousness of these cases in infants, because of the important influences they exert on the development of the system. Again I want to call your attention to the early diagnosis and treatment, so as, to keep the large number of these patients from going through life deaf and with offensive odors

that are due to neglect.

Never prescribe for an infant or child without first looking into the throat and By doing this as a routine you will oftentimes arrive at a diagnosis, where otherwise you would only be treating symp-Both specialists and general practitioners have failed to give these cases the attention they deserve.

114 South Illinois Avenue.

I have never put on a Lane plate, but I have had to remove many. Of 54 that were applied by half a dozen of our best surgeons at the Emergency Hospital, 30 had to be removed for non-union, suppuration, irritation, breaking or bending of the plate. The other 24 may or bending of the plate. have trouble later .- W. P. Carr in the Virginia Medical Semi-Monthly.

PRIZE ESSAY CONTEST, 1914.

Received Honorable Mention at the 148th Annual Meeting of the Medical Society of New Jersey at Spring Lake, June 30th, 1914.

THE REDUCTION OF INFANT MOR-TALITY; HOW CAN IT BEST BE ACCOMPLISHED?

By Grafton E. Day, M. D., Collingswood, N. I.

The conservation of our natural resources has been the demand of political parties for the past ten years and emphasis has been laid upon the importance of conserving our forests, water power, coal deposits, etc. More recently political party platforms have recognized the importance of conserving childhood and are demanding shorter hours of labor and older ages before children shall be allowed to work in store, mine, factory, but the most important conservation work in our land is the work of conserving the greatest asset, the most precious wealth—our babies.

This aroused interest in childhood has called to our attention certain facts of vital importance to us as a nation and foremost among these facts is the one that so many children born in this country die before they

are one year old.

The government census figures—show that in the last year the number so dying was about 300,000 and it is quite generally agreed that one-half of these deaths are preventable. According to Dr. J. W. Schereschewsky2 we lose in this country 150 babies out of every 1,000 born alive, while New Zealand loses only 68. Economists tell us that a conservative money value of every infant under one year of age is \$100. New Jersey alone lost on this basis in 1911 \$764,200, half of which, at least, was preventable. These facts are the more startling when we remember the advances made in the arts and sciences, in lowering mortality from acute illnesses and in lengthening the average of life and yet the infant mortality rate remains about as it has been for generations. Those born alive in this country have less than one chance in five of living one year, so that in the words of Dr. Schereschewsky2 "the mere business of being a baby must be classed as an extra-hazardous occupation.'

A knowledge of these facts impels us to a careful study of this problem.

The report of the New Jersey Board of Health for 1912 gives 38,612 as the total

number of deaths of all ages for the year and 10,740 as the number under five years of age, while 7,642 is the number under one year of age, and 2,801 the number of deaths under one month of age. In our State we have over 27% of all deaths occuring under 5 years, about 20% under 1 year, and over 7% under one month. Of infants under one year over 37% died under one month. More died under one month than from 5 to 25 years inclusive.

This alarming mortality among infants during the first month of extra-uterine life directs our attention to prenatal influences and prenatal conditions, especially as the reports show practically no deaths from the contagious diseases; from diarrhoeal disease 215; respiratory 100; leaving about 2,500 who were born with such congenital defects as made them succumb. Here then, is the pivot upon which our investigation must center.

What are the causes of such congenital defects as to produce this alarming mortality among babies during the first month of extra-uterine life?

Dr. J. S. Fulton's says that for 1,000 children born alive, about 605 have perished either in or out of the uterus before their proper birthday. Fully one-third of that mortality which we say is preventable is not preventable by measures applied after the birthday. For the purpose of restricting this kind of infant mortality, we must take into account the whole period of uterogestation. We must understand that one-third of the mortality of the first year following birth, results from causes arising during the nine months or more preceding birth.

What are the causes of this congenital weakness? There are two great causes: Heredity and Environment. The blighting effects of syphilis, tuberculosis and fatigue upon progeny are generally recognized, while little attention apparently has been called to the effect of alcohol as a contributing factor in the study of this problem. The blighting effect of syphilis and tuberculosis are too well known to need more than mere mention, except to call attention to the probable curability of syphilis and our knowledge of the fact through the use of salvarsan and the Wassermann test. Also in tuberculosis tuberculin is being more scientifically and satisfactorily used than in the past. Alcohol shows its effects in the congenital weakness of many children born to alcoholic parents as well as in decreased ability to produce off-spring.

Dr. W. C. Sullivan', medical officer of His Majesty's prison service, found of 600 children of drinking mothers, 55.8% died under two years of age, while of sober mothers 23% died. Prof. Laitinen, of Finland, in an investigation that covered over 5,000 families in which more than one-quarter of the parents were abstainers, says: "In 1,551 families of abstainers 13% of the children died and there were 1.07% of abortions. In 1,883 families of moderate drinking parents 23% died and there were 5.36% of abortions. In 1,461 families of immoderate drinking parents 32% died and 7.11% had abortions. He also found in a comparison of drinking and abstaining families, living under similar conditions. that the abstaining parents had 1.03% of weakly children, while the drinking parents had 8.2% of weakly children.

Dr. Stockard, Cornell Medical College, in experiments with guinea pigs found that alcoholized parents had in all 32 young, of which 25 died. Of seven living five were Non-alcoholic parents had 17 young and lost not a single one. Experiments with dogs, rabbits and cats show practically the same facts. Dr. Demme, Berne, Switzerland, compared during a period of fifteen years ten temperate families with ten intemperate families living under practically the same conditions. The temperate families had 61 children, of whom fifty lived and were normal. The intemperate families had 57 children, of whom ten lived and were normal. In the temperate families 5 died in infancy. In the intemperate families 25 died in infancy. In the intemperate families one had chorea. 6 were idiotic, 5 deformed, 5 dwarfed and 5 epileptic: 22 degenerates. There were only 6 degenerates in the temperate fami-

Davenport and Weeks' found a constant excess beyond expectations of epileptic, feebleminded offspring from alcoholic parents. Dr. Alfred Gordon' says: "The public at large should be familiarized with the fact that one of the threatening features of alcoholism is depopulation, not only quantitatively but also qualitatively. It leads to a degeneration of both the individual and the species. It produces a slow and a progressive individual deterioration and an intellectual and physical sterility of the race."

Concerning environment it should first be said that every baby has a right to be healthfully born, of a rested mother, in a proper manner, breast fed, properly clothed, etc.

Whatever of environment shall tend toward this end must be encouraged; whatever opposes this end, must be opposed and, if pos-

sible, removed.

First, provisions must be made for a rested mother. At least one month from her (factory) hard work with nourishing food during the entire period of pregnancy. She must also have another month after birth to make her able to return to her work, and in working in factory, she should, by all means, have a rest room, where her baby may be brought at stated times to be nursed. Again we must have the mother instructed as to her proper care. This means a campaign that will reach the physician, the public and, the individual mother. Seasonal leaflets, special reasons why mothers should nurse their babies, how to save the babies, clean-up campaigns, fly and mosquito prevention, improved housing conditions, etc. Such education will prove the truest philanthropy.

Many factors enter into this problem. So many and of such importance that no one line of endeavor, however thoroughly worked, can be expected to greatly influence the infant death rate. Education is the keynote that must be continually struck to arouse our people and keep them aroused. Legitimately and logically this campaign should be waged by the department of health and is the predominant feature in the work for lessening mortality. conjunction with this must go the prenatal nurse, who shall visit the expectant mother once every week or two during the entire period of pregnancy and until the baby is a month old, instructing her in the hygiene of pregnancy, diet, exercise, work, rest, etc., and seeing that her instructions are carried out. This prenatal care and education will raise the standard of obstetrical practice and will eliminate that bane of poor women, the ignorant midwife or the careless obstetrical physician.

Dr. Henry Swartz⁸ says that more than 9-10 of all expectant mothers in the United States receive no adequate prenatal care; more than 40% of all confinements in the United States are attended by male or female obstetricians who are not qualified to give to parturient women a full share of the comfort and safety which modern obstetrics make possible and which ought to be the birth-right of any expectant mother or unborn babe.

There are three causes for the poor care bestowed upon expectant mothers. Ignorance and indifference of the laity concerning this entire matter; indifference and carelessness on the part of the State in the supervision of medical schools and schools of midwifery, and neglect on the part of the communities in not providing systematic care for all the sick poor, including expectant mothers.

Campaigns of education as outlined above will remove all these causes. Aiding these will be found the work of the children's bureau of the United States Department of Labor, which in its pamphlet "Prenatal Care," sent free to any one, and other literature is helping mightily to arouse the people. It is impossible to overestimate the importance of this prenatal work and it should date from the beginning of pregnancy. One very important point in this prenatal work is the feeding of the mother to assure her milk for the baby. So important do I consider this that I never fail to emphasize it to the expectant mother. Where there has been failure to nurse the child at a previous birth, or where the expectant mother is a primipara and poorly nourished, I add to the daily regimen four glasses of milk; one glass at meal time and at bed time with peptonate of iron and manganese. In 13 consecutive cases more than ten years ago, when at previous births breast feedings could not be secured, I succeeded by the above method in having every mother nurse her baby. In several of the cases the mothers had more than one child which they had been unable to nurse, though they desired to do so. For the past ten years I have had no mother who has not been able to nurse her child, except tuberculous mothers, where for mother's and baby's sake, breast feeding was for-

In all the domain of preventive work in infant mortality, and preventive work is the most important work, I consider this method of assuring breast feeding for the baby of very great importance. This in nowise lessens the responsibility for persistence in every known manner to secure breast-feeding after birth, but it assures a much greater certainty of ability so to feed the baby.

bidden. I have had others try this method

with satisfactory results.

The social environment of the mother plays a large part in the problem of congenital debility. Too early marriage, hard work up to the day of confinement, lack of proper food, and ignoring the laws of hygiene, play an important part in the problem of congenital debility. Factory towns where women are largely employed show

the number of stillborn children to be double that of other towns and those born with congenital debility proportionately higher. Too much emphasis can not be laid upon the fact that 4-5 of the infant death rate occurs among the poor. Social enviroment alone, however, does not explain all the problem, e. g., Dr. Stevenson shows that, for certain selected occupations in which special care or attention may presumably be given to the infants, the infant mortality may be exceedingly low. Among this list are medical practitioners, whose children show an infantile mortality of only 35 per 1,000, as compared with the general rate of all occupations for the year of about 130, and of 171 in the occupations, chief among them general laborers, showing the highest mortality.

I have said above that every baby has the right to be properly born. Fortunately our medical schools are now demanding practical obstetrical work of students prior to graduation and equally fortunate the education and work of midwives are gradually being improved, though there remains much to be done. In addition to other things mentioned in prenatal care, we must not overlook the imperative necessity for examination of the expectant mother, noting any local derangement and taking careful pelvic measurements prior to the sixth month and repeating the measurements about two weeks before labor, when comparative measurements of the child may also be taken.

Our State Board of Health has provided the prophylactic against blindness by supplying us with the silver solution for use in all cases. If, as we believe, the first duty of any department of health is the protection of the lives of children, then a bureau of child hygiene should be a part of every municipal department of health. The idea is to have this department have supervision of every activity that is necessary in trying to guard the welfare of the baby, before as well as after birth, with such subdivisions as prenatal care, prevention of blindness, visiting nurses, inspection of institutions where children are housed, better babies' contests, neighborhood exhibits, baby shows, recreation centers, etc.

We must not only in our State board of health and in our local board of health have departments of child hygiene, but we must endorse and encourage the nationwide work being carried forward by the Amercan Medical Association for the education of the laity, under their Committee for Public Health. Education among women and the governmental work under the Children's Bureau of the Department of Labor, which latter promises to be of the greatest usefulness in helping to solve this problem.

"Public health is purchaseable." "Within natural limitations a community can determine its own death rate." These are our

slogans.

In Rochester, N. Y., the Board of Education has instituted a course of instruction in physiology, hygiene, nursing, dietetics, etc. The course will extend over a period of twelve weeks. Two lessons of one hour each a week, one by a doctor and one by a nurse, and in this course for the people, will be taught, in addition to the above, the care of the child, the psycology of adolescence, first aid, emergency work, causes of disease, prevention, household and civic hygiene and motherhood. With the Board of Education co-operating with the Bureau of Child Hygiene, the domestic science course should include preparation of food for infants and young children, principles of food for infants and young children, care of childhood emergencies and communicable diseases.

The causes of infant mortality extend into the social conditions and the political life of a community. We refrigerate provisions, but we have no cooling room for babies in summer, scarcely any room at all. even in our hospitals, and heat as a lethal agent is no inconsiderable factor in infant mortality. Schereschewsky maintains that future activities for the prevention of infant mortality must concentrate themselves to a greater extent on the question of hous-Especially conditions productive of high indoor temperatures, such as overcrowding, narrow streets, and the absence of thorough ventilation. Bad housing hurts health and develops immorality. form of baby-saving work should be in force in every community. The cost may seem very great, but from the viewpoint of the preservation of the State in assuring good health to the next generation, it is not worthy of consideration.

As an instance of what can be done in a single community by stimulating public interest and by a special incentive, the experience of Huddersfield, England, may be cited. In 1904 Mr. Broadbent, when elected mayor, announced that he would give a prize of one pound to the mother of every child born during his term of office, who presented it living and well at the end of

one year. A commission of ladies was formed to advise and visit the mothers. The death rates of infants in that district fell

from 134 to 54 in 1,000.

Community interest is important, but most important is the interest of parents in that most valuable asset, their baby. We must emphasize the psychological and spiritual value of parenthood and so place the emphasis on the father and mother, not omitting to value the interest of the state and the community and the church. The latter is too often an overlooked factor. Could we interest every church to save one or more babies during the year there would ensue a decided decrease in the death rate and a corresponding increase in the social welfare work of the church. Here the social welfare activities of the church may find expression and is a point where such activities may begin with least objection on the part of anyone, for everybody loves babies and is interested in saving them. Here is an object that makes the strongest appeal to the church, because the baby is so helpless, entirely dependent upon others for everything.

The post-natal phase of our problem will be satisfactorily cared for when we shall have aroused the people at large to the importance of prenatal care and proper care in labor. No one will then question the importance and the necessity for a capable nurse in charge of every parturient woman, of a proper period of rest during convalescence, careful examination before being discharged, and with explicit instructions as to her own care and the care of

her baby.

Particularly must the mother be impressed with the importance of nursing her baby until it is at least nine months old and, if unable to give it all its nourishment, then she must, on no account, abandon the breast feeding, but must be taught to complement that with proper food, modified milk of pure quality. This brings us to another important phase of our problem, viz., artificial feeding of infants. This must be only partial, if at all possible for mothers to furnish part of the baby's food, but under all circumstances the milk must be pure, the source must be well known to the authorities. Fortunately our inspection of the milk supply in New Jersey is such that, in most places, clean, pure milk may be obtained, but in the cities the establishing of milk stations, where not only is wholesome milk procured, but where the mother, often the "little mothers," are instructed and the baby kept under observation, has proven of great value.

Out of the milk stations, which at first were projected to care for sick babies, by furnishing pure milk with instructions, has developed much of the prenatal work and visiting nurses work noted above. There has also been evolved the varied efforts for the welfare of the infants and there is arising a consciousness of the responsibility of the community, the State, the Nation, for the welfare of infants. As a result, we shall soon change our attitude toward the problems that affect infant mortality, e. g., we shall insist upon the clean production of milk everywhere, upon educational and physical standards for parenthood, for economic and industrial conditions that shall assure a living wage, and opportunities for mothers who must be wage earners to nurse their babies at stated times. Further we shall in the future better safeguard the health of our girls and better prepare them for motherhood. We shall emphasize the value the child is to the parents, the psycological and spiritual value of parenthood. In the case of the illegitimate child we have the saving of the mother morally and the saving of the child physically dependent upon the mother keeping the child and we must and shall make this possible through the community interest that causes the various organizations interested in child welfare to co-operate for that end.

In Philadelphia, in the districts in which special preventive work was carried on under the combined auspices of the public and private associations, the infant mortality was 40% lower than in the rest of the city. Nashville, Tenn., reports that in connection with the operation of the milk dispensaries, district nursing, distribution of literature, organizing of clubs, lectures, they also furnish gowns, napkins and other

articles of clothing where needed.

Dr. S. Josephine Baker says that the solution of the problem of infant mortality is 20% pure milk and 80% training of the mothers, though the value of pure milk must not be under-estimated.

CONCLUSIONS:

1. The people must be informed. The facts are alarming.

2. A general campaign of education. Aim? Department of health to co-operate with other agencies.

3. Special educational campaign "0:1 the effects of intoxicants on the human system."10 Legislative closing of saloons during legal hours of payment of wages; e. g., 2 to 6 P. M. on Saturdays." Civil damage law. "This is the preventive age in medicine, and if prophylaxis is to be applied in mental diseases, the hereditary elements removed or improved, pauperism and its attendant evils decreased, criminality attributable to vicious surroundings, environment and the excessive use of stimulants diminished, if any or all of these things are to be accomplished, alcoholism, wherever and however possible, should be eliminated.""

Carroll D. Wright, former U. S. Commissioner of Labor says: "I have looked into a thousand homes of the working people of Europe, I do not know how many in this country. I have tried to find the best and the worst; and while, as I say, I am aware that the worst exists, and is bad under any system or as bad as in any age, I have never had to look beyond the inmates to find the cause, and in every case, so far as my observations go, drunkenness was at the bottom of the misery and not the industrial system, or the industrial conditions surrounding the men and their families."

4. Emphasize the necessity of breast

feeding.

5. Magnify the importance of clean milk for everybody. Establish milk stations.

6. Secure co-operation of public schools with the department of health for the education of girls in the essentials of body and

baby hygiene.

7. Print, tell, herald, shout the facts, facts, facts, facts, about infant mortality and the facts will kindle the fires of our enthusiasm and result mightily in good for the present and future generation.

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ALCOHOL DRAIN TREATMENT OF PUERPERAL TEMPERATURE.*

By Ambrose F. Dowd, M. D., Chief Resident Physician, Newark City Hospital

The following paper is a brief review of one hundred and five cases of temperature occurring during the puerperium; apparently due to puerperal infection; that being the clinical diagnosis in each case.

It was thought advisable to avoid the term, puerperal septicaemia, because blood cultures and cultures from the uterine cavity were not made; both of these, however, are of very doubtful utility in establishing the diagnosis. Positive cultures can be obtained from any uterus, on and after the third day of the puerperium.

The alcohol drain treatment dates from the time of Carossa, an obscure Italian physician, and is still used extensively abroad. It was popularized in this country by Dr. E. J. Ill, of Newark, and Dr. H. G. Weth-

erill, of Denver.

As applied in these cases it consisted of a rubber tube about the size of a stomach tube, but open at the end with no lateral fenestra. Several layers of ten yard by one inch strip iodoform gauze were placed across the open end of the tube, after which the tube and gauze were carried well up to the fundus of the uterus. The uterus was then lightly packed with this same strip of gauze, followed by a firmer packing of the vagina. The tube was fixed to the thigh with adhesive plaster. A sterile glass funnel was attached to the other end of the tube which reached well up on the patient's abdomen, so that it could lay wrapped in a sterile towel between treatments. ounces of 25 to 50% alcohol were introduced into the uterus at two hour intervals.

This paper includes in its scope all cases treated in the Newark City Hospital from January, 1907, to October, 1912, occurring on the services of Drs. Sutphen, Randall, Staehlin and Haussling. It does not in-

^{*}Read before the Section on Gynecology of the Academy of Medicine of Northern New Jersey.

clude cases of sepsis following abortion. Of this number, one hundred and five, eighty-five recovered and twenty died. will present to you only the salient features and attempt to point out why a larger percentage of cases did not recover.

The following is a brief summary of the

twenty fatal cases:

Case I. Temperature 103° at delivery—alcohol drain inserted the day after delivery, continued for four days, removed. Patient was improved and there was no further evidence of uterine infection. At this time the patient's urine became bloody and filled with pus. This conition continued for three weeks. She died from an infection of the urinary tract.

Case II. Temperature 102° on day after delivery; a continuous temperature for four days thereafter. Alcohol drain then inserted and continued for four days, with marked improvement in general condition. Drain was then removed, and patient curetted. The temperature at this time was 100-1/100, in twelve hours it had risen to 105-1/100, and continued at that point until the patient died four days later. This patient had a chronic nephritis.

Case III. Onset of temperature nine days after delivery, drain inserted on the tenth day, with patient unconscious and apparently dying. She improved slightly for a time and the drain was renewed three times, but she died on the twentieth day.

Case IV. Admitted to hospital during the eighth month of pregnancy, suffering from a puerperal psychosis. It developed the following day that she had a placenta praevia, and a version was done. Before delivery, her temperature was 105°, following delivery a drain was inserted and allowed to remain for eight days without any apparent improvement in her condition. It was then removed and the patient treated for twenty days with sterile water douches, death occurring at that time.

Case V. Normal delivery with temperature on sixth day and drain on the ninth day and continued for forty-eight hours. Patient lived for six days thereafter on supportive treatment. Temperature 104° to 106°.

Case VI. Temperature on fourth day, drain inserted on sixth day, removed on ninth day. Patient had improved; supportive and postural treatment for fourteen

days, ending with the death of patient.

Case VII. Temperature on the fifth day, drain inserted on the eleventh day, patient died on the thirteenth day. Patient's pulse average for this time was thirty-two.

Case VIII. Admitted and died within twenty-four hours. Drain inserted six hours before death.

Case IX. Temperature on fourth day, drain inserted on fifth day, patient improved for forty-eight hours and drain was removed. On supportive and postural treatment the patient lived for fourteen days.

Case X. Temperature on seventh day, curettage on eighth day with aggravation of condition. On eleventh day alcohol drain. Patient died on twelfth day. At time drain was inserted, temperature was 106°, pulse could not be counted.

Case XI. Temperature of 102° before delivery, version was done for placenta praevia, and on the following day a drain inserted, which remained for forty-eight hours. The patient lived for four days after discharge. Pulse 40, temperature IO3°

Case XII. Morbid retention of placenta with Manvel extraction; twenty-four hours later drain was inserted and continued for

three weeks with death of patient.

Case XIII. Delivered two weeks before admission. Time of onset of temperature not known. Temperature 105° on admission, drain at that time, continued for four days, patient died.

Case XIV. Temperature on third day 105°, drain on fourth day, continued until eighth day, death. Autopsy showed a gen-

eral peritonitis.

Case XV. Delivery twelve days before admission; time of onset of temperature not known. Alcohol drain on admission, continued for forty-eight hours. Diagnosis was then made of septic pneumonia, death resulting forty-eight hours later.

Case XVI. Drain on eighth day after onset of temperature with death on eleventh

Case XVII.. Death occurred four days after delivery, drain inserted on day pre-

ceding death.

The remaining three of the twenty fatal cases show that one patient was moribund on admission, six hours before death; drain inserted for five hours. Another had drain inserted on the eighteenth day, death on twenty-first day. The history of the last of the fatal cases shows that the patient had been sick four days and that the drain was not inserted until four hours before death.

The remainder of the cases, eighty-five in number recovered, which result compares favorably with other methods of treatment when you consider the circumstances surrounding the fatal ones. In the fatal cases the average duration of temperature before the employment of drain was nine and one-half days, the average use of the drain was forty-eight hours to a case, and that during its use the patient appeared to improve in all but six cases. Two were curetted with disastrous results, four did not have the drain until within eight hours of death; one had pneumonia and one peritonitis from a ruptured pyosalpinx; one had an infection of the urinary tract.

Of the cases treated successfully two were curetted and in both a marked rise in temperature occurred. One case was associated with a ruptured uterus, one developed pyaemia the twelfth day of treatment.

The average onset of temperature was the sixth day; the earliest the third and the latest the twentieth. The drain was inserted in the average case within thirty-six hours, frequently within twelve hours. The average duration of treatment was twelve days; the longest forty-five days; the shortest six days. Usually the temperature began to decline within sixteen hours after the introduction of the drain with a corresponding fall in pulse rate and marked improvement in the general condition.

In the average case the drain was allowed to remain for forty-eight hours, was then removed and reinserted, following a uterine douche. If there was a general improvement in the patient's condition, the drain

was left to expel itself.

Therefore, in this series of cases, one hundred and five, but six deaths occurred in which the drain was employed early and persistently. Many of the cases of recovery were apparently severe and in all the benefit from the treatment was prompt and permanent.

The infrequency of positive blood cultures, even in fatal cases, a fact found to be true by many investigators, has led to the assumption that death is frequently due to an overwhelming toxaemia, as the result of a persistent and profound local mixed infection with the streptococcus playing the leading role. In view of this fact and what is generally conceded to be true, that sepsis is usually, if not always in the beginning a wound infection, either of the body of the uterus or in a cervical laceration, the advocates of this treatment contend:

That alcohol is a powerful germicide and penetrates deeply, therefore, it meets the

first requirement in the treatment of infection. Namely, the destruction of the infecting organisms or the diminution of their infective power at the site of primary infection. It also produces a local hyperaemia and leucocytosis, thereby minimizing absorption.

For these reasons it seems useful in either septic or toxic cases, and with this end in view, Van Ott and Sitinsky have employed it in a long series of cases with excellent

results.

American literature contains but little concerning it, although Edgar in his last edition refers briefly to Carossa's treatment, and in his summary advocates the irrigation of the uterus in these cases, with fifty per cent. alcohol, and its repetition in about twelve hours. This treatment he says should be instituted early.

It is advisable, if this treatment is instituted, to begin within the first twenty-four or thirty-six hours after the diagnosis seems probably, for in this way only can good re-

sults be associated with it.

This form of treatment seems to give as good, if not better results, all things considered than any form of treatment now in vogue.

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TUBERCULIN AS A DIAGNOSTIC AND THERAPEUTIC AGENT IN TUBERCULOSIS*

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The tuberculosis problem presents two important phases to the Sanatorium man: First, the social or economic; secondly, the medical. This evening, I desire to discuss the more important phases from the medical standpoint. The medical problem presents three interesting phases which are, at present, receiving much consideration; first, childhood infection; second, the importance of early recognition of tuberculosis conditions in adult life; third, the necessity of specifics in the diagnosis and treatment of tuberculosis. It is to the latter subdivision that I desire to direct your attention this evening.

^{*}Read before the Hudson County Medical Society, March 2, 1915.

Koch's dicsovery of the tubercle bacillus was the first great epoch in the history of tuberculosis; prior to that time the disease was usually considered fatal, and for a long time the presence or absence of the bacillus was looked upon as necessary to determine the existence of the disease. Gradually, however, we have found certain physical signs which differentiate the earliest stages from the more advanced forms of tuberculosis; hence, the belief became established that early discovery led to cure. This, of course, gave no impetus for the study of the cure of tuberculosis.

The next important factor was shown by Koch when he announced that tuberculin, when administered to one suffering from tuberculosis, caused a reaction; whereas, in the non-tuberculous the opposite was the result. Thus, it was possible, even before the discovery of the bacillus in the discharges, by means of the tuberculin test, to ascertain the presence or absence of tuberculosis. Koch was, originally, of the opinion that the tuberculin reaction was due to adding the injected tuberculin to the toxins, which already existed in the body, and that the increased amount of toxins, being more than the organism could bear, caused the toxic symptoms (reaction) to appear.

symptoms (reaction) to appear.

The theories of Wassermann, Bruck, Mamoreck Sahli and others are substantially those of Von Pirquet and Wolff-Eisner, which I quote, in order to bring before us the important points relative to tuberculin therapy. The tuberculin reaction is due to the formation of toxic substances, as a result of the combination of antibodies cirulating in the blood, and the tuberculin. This occurs, both at the point of inoculation, producing a local reaction, and in the circulation, producing a general reaction.

Taking these theories as a basis, we have a fairly satisfactory explanation of all phenomena, which occur when tuberculin is brought in contact with living tissues. First, tuberculin is not a poison, but a specific, which, when given in large doses, causes a reaction in one suffering from tuberculosis but in the healthy can be borne without harm; second, the specific product of all preparations of tuberculin differ quantitively, but qualitatively, are the same; third, the specific action is due to the tuberculin protein, and follows the general law of hyersensibility; fourth, the action of tuberculin protein, as it causes reaction in the presence of tuberculosis, is modified by the fact that the organism has been sensitized to the protein, as given off from the focus of infection;

fifth, the specific immune bodies, found in tuberculosis, are present either fixed to the cells or circulating in the body fluids.

From the use of the tuberculin test, we learn that infection occurs in early life; the disease assuming a condition of latency, when it does not destroy the patient, or go to early healing. The tuberculin test, however, is not a test for tuberculosis, but for tuberculosis antibodies. The important point of the test being that a sufficient amount of the tuberculin be brought in contact with the tissues sufficiently long.

In remembering that it is a test for tuberculosis antibodies it will be easy to comprehend that if the body cells are unable to respond to the stimulation of the protein, which escapes from the tuberculous focus, and produce immune bodies, infection might be present and yet no reaction occur. It might also happen that reactions do not manifest themselves in the event of the absence of antibodies freely circulating in the blood.

Post-mortem findings have convinced pathologists of the widespread infection from tuberculosis. Until recently but little was known of the infection which occurs generally in childhood.

With a more definite understanding of tuberculin and its reactions, we have come to the belief that the reaction simply indicates the presence of tuberculosis antibodies; they may be due to an active, quiescent and, for a time after healing has occured to a healed lesion. When results of tuberculin reaction were compared with post-mortem findings, the existence of tuberculosis was found in many where no evidence of active tuberculosis had been shown in life.

Attempts are now being made to recognize incipiency by experience indicated from use of tuberculin; thus careful observation substantiates the belief that the quality and character of the reaction give a positive indication of the stage of the disease. In order to fully appreciate the efficiency of early diagnosis, and the importance of tuberculin, as a diagnostic test we must remember Schroeder's maxim, substantiated by Oesler that "Am Ende hat doch jeder etwas Tuberkulose" even though it may remain unrecognized.

The quiescent foci, particularly, have become recognized by means of the tuberculin test. It is in the quiescent and latent lesion where the most practical results will be obtained from the use of tuberculin.

The reactive capacity of patients differ

In the first place the local reaction is due to the visible expression of the phenomena which occur, when the union between the tuberculin and the antibodies takes place. If the focus is not active no toxius are set free. If the lisease is moderately active, and the patient in good condition, many free antibodies will be present; on the other hand if the disease is very active, and the patient's vitality is thereby lowered, and after a time his reactive powers reduced, his power to form antibodies will be lessened, and consequently the free circulating antibodies will be reduced, hence reactions should vary under different conditions. A healed lesion should give no reaction to any of the tests, after the lapse of sufficient time for the excessive amount of antibodies which were required for the defense of the body, and which were called forth by the stimulation of the toxins, produced during the state of activity have passed away; until such time the reaction should gradually lessen in strength.

A quiescent lesion should offer little opportunity for the formation of antibodies, because the specific stimulus is thrown into the circulation in small amounts, hence only a slight reaction, or no reaction at all.

The cutaneous reaction in a partially quiescent lesion may be as marked as in a definitely active one, but it will take longer finitely active one, but it will take longer for the antibodies to gather at the point of inoculation in sufficient quantities to satisfy the tuberculin, hence the reaction is slower in showing itself, and may not reach its maximum for three or four days; it is, therefore, our custom to have children come back to the clinic in three or four days, so that the results of the tests may be properly interpreted.

A moderately active lesion, in a person with good vitality, should show a marked reaction to all tests. In a person with low vitality, however, a moderate reaction, or even a slight reaction, may appear. It is characteristic of cutaneous reactions, in active lesions, to show prompt results, usually before twenty-four hours from the time of inoculation, plenty of receptors being present to satisfy the tuberculin. Advanced tuberculosis may give marked or no reaction, according to the vitality of the patient; therefore, in this group, tests are usually valueless, but are unnecessary, as diagnosis can be made without them.

We believe these theories offer a reasonable basis, particularly in so far as the cutaneous test is concerned, to venture an

opinion as to the presence of an active or quiescent lesion.

Whilst results are generally gratifying, the non-appearance of a reaction in the anemic, in the far advanced tuberculous and those who are suffering from other infectious diseases, particularly measles and scarlet fever, is very often the case, and it must be borne in mind that it may be necessary to repeat the test, after the subsidence of other diseases, before expressing an opinion, unless we have a focal reaction, which can only be expected from the subcutaneous test. It is, however, hazardous to give opinions as to locations of the seat of trouble because of focal reactions; many cases have been noted in literature where operations have been performed because of indication of focal reaction.

The focal reaction is supposedly due to the union of tuberculin and antibodies at the seat of infection. Contra-indications to the test would be any acute infection, as there would be a question as to the rise in temperature, under the circumstances. The question might also arise as to the cause of malaise, or other toxic symptoms which might accompany general reaction.

Tuberculosis is, undoubtedly, a serious disease; is it then not justifiable for us to use tuberculin in order to make a diagnosis, or in order to promote healing? Surely, lumbar puncture or exploratory laparotomy are often resorted to for the purpose of diagnosis, then why hesitate to use tuberculin?

In order to properly administer tuberculin, or more correctly speaking, to properly interpret the resulting reaction from the use of tuberculin, the following systematic procedure is indicated:

A careful history is taken, and the supposed tuberculous part is thoroughly examined; in the event of the chest, the site of the lesion is noted, so that it might be watched carefully for reactions. tient should be given a chart, on which should be recorded temperature observations, which should be made every two hours, for at least sixty hours, before administering the test. Wherever it is possible to place the patient in bed, it is preferable. At any rate it is essential to remember that if the patient is placed in bed, prior to the administering of the test, he (or she)' will be obliged to remain in bed, after administering the test. On the contrary, if the patient is permitted to remain out of bed during the sixty-hour period, prior to administering the test, it will be necessary to keep him out of bed after the tuberculin has been administered. The temperature should be taken per rectum. We have learned that patients, realizing the importance of high temperatures, often resort to the use of ice and cold water, in order to keep their temperature from rising, so as to permit them to remain out of bed; hence our insistence upon rectal temperatures; three minute observations should be made; if the weather is cold, a five minute observation is preferable.

Unless this is conscientiously and accurately done, the reliability of the test will be useless. The test is made best with either a sub-Q or a record syringe, and may be made anywhere. I prefer the arm.

Many phthiso-therapists use it differently; my custom is to begin with one milligramme doses, increasing the same to three on the third day, to five on the fifth day, to seven on the seventh day, and to ten on the tenth day. If no reaction results from the use of ten milligrammes, it is fair to assume that the patient is free of tuberculosis antibodies. In children, we commence with one-half milligramme doses, increasing to one, three and five respectfully.

Tuberculin as a therapeutic agency is so well established that when we fail to obtain results we must rather attribute the failure to faulty technic, for preponderance of evidence points to success, at the hands of careful observers. Of course tuberculin is nothing new to the economy of the tuber culous individual; it is the same protein which is given off from the focus of infection and the same agency which is necessary for the production of immunity, without which no natural cure ever occurs in tuberculosis.

Tuberculin is not a perfect remedy; it cannot remove fibroid tissue, nor restore necrotic tissue; it will not be able to destroy the effects caused by other bacteria; it is, however, the ideal remedy when combined with other suitable therapeutic measures, which offer the best chance for a cure, particularly when used in the early stages.

The present conception of infection in tuberculosis, occurring soon after birth, is clearly corroborated.

Sufficiently large statistics by Hamburger of Vienna, Ghon of Prague. Muller and Von Pirquet of Vienna, and many others tend to show that tuberculosis is not inherited; neither does infection occur in the first months of life, but as time goes on. we find infection increasing, so that by the fifteenth

year, a large proportion of children are infected.

Of 3873 post-mortem examinations made on children, dying from various causes, 93% were found to be tuberculous. These high percentages are corroborated by Albrecht and especially by Bartel, who clearly prove the possibility of lymphatic gland infection without microscopic findings.

The question of the source of infection is very difficult—the infection, however, occurring in children who associate with the tuberculous, as proven by Cohn and Roemer in Brauer's "Beitrage zur Tuberkulose"; this proves that in order to get best results we must begin in childhood, and it is in childhood that tuberculin therapy offers the

most promising results.

Statistics seem to prove that children develop sufficient immunity to overcome infection, or at least to hold it in check for a certain period. It is evident, therefore, that with early infection there is developed a certain amount of resistance to the disease, but of course, immunity does not mean the impossibility of being infected; thus, when bacilli enter, certain phenomena occur; we must infer that the child has some natural protection against bacteria, so that when the child is attacked, and the number of bacteria not too great, it overcomes the effect and they are destroyed; as they are destroyed, their bodies go into the body fluids, and certain proteins are set free and as a result, certain protective substances are formed. These toxins cause the formation of many times the amount of anti-toxins necessary to counteract the toxins, which causes the stimulation. Therefore, after the first inoculation with bacilli, the child's body is more resistant, that is it contains more antibodies. With the additional intake of bacilli, more and more antibodies result; these may be destroyed, and still more antibodies result, but the mass of bacilli eventually overcomes the protective forces, and infection occurs.

The bacilli settle in tissues, proliferation of cells occur, and a wall is thrown around the tubercle bacillus. If the defensive forces of the tissues overcome this infection, healing occurs; otherwise the organisms multiply and spread to other parts. Therefore, in early infection, when the tubercles are small, the artificial introduction of protein by means of tuberculin is best indicated; this is the important time before necrosis occurs.

Observations of Roemer, Valle, Calmette, Von Pirquet and Wolff-Eisner show that

animals, previously infected with the disease, react differently to a second inoculation, than an animal that is free from the disease; thus their experience would show that the first infection gives a marked immunity to the second infection. This we have all observed in our patients who give a history of virulent previous attacks, and whose subsequent clinical picture gives undisputed evidences of immunity, secured by reason of previous attacks.

The cases of tuberculosis that are most active are those in whose races, or families, no tuberculosis has occurred. Woodruff, of the United States Army, in a recent paper, read before the New York Academy of Medicine, stated that tuberculosis shows the highest mortality where there is the lowest morbidity, and vice-versa, highest morbidity, lowest mortality. Thus, whilst patients feel a certain amount of security in stating that there is no tuberculosis in their family, with this theory in mind, we are bound to consider the existance of tuberculosis in families of those afflicted, rather an asset than a liability.

Artificial immunity has been demonstrated in the animal. However, Roemer contributes largely to the knowledge of immunity; from his findings, we are led to assume that the infection in early childhood is producing an immunity which is saving the race

from extinction by tuberculosis.

Just a word about latency. Latency means a lesion not entirely healed, but kept in

abeyance for a time.

The immunizing process may not be able to destroy the bacillus and heal the infection, nor may the bacilli be able to multiply, and increase the area of infection; the possibility, age the probability, of infection in one previously infected, occurring from without is rather remote, and it is altogether likely that a latent infection extends by continuity.

Tuberculin is a specific, and yet is often unable to accomplish that which is expected of it, because of the fact that the blood stream is unable to reach the focus, because of walled tubercles; hence the early use of specifics is once more emphasized.

Much discussion is now being carried on in the literature because we do not seem to understand its action; of course, that is true in a sense, but is that not equally true regarding digitalis, mercury or opium? Do we not, at times, speculate upon the probable results of supposedly specific drugs?

The healing of tuberculosis is a complicated matter. The original focus of infec-

tion rarely causes death, but extensions from focus do, hence to combat tuberculosis. two things are necessary: first, to prevent the disease from spreading, and the other to heal the existing focus. Tuberculin does

Wolff-Eisner assumes that either tuberculin, or the tubercle bacillus, when entering the body, stimulate the body cells, and call forth the specific antibodies, called lysins; these circulate in the blood, ready to destroy tubercle bacilli, or tubercle protein introduced into the economy. result of the lysins, the tubercle bacilli, or tuberculin, are split into highly toxic substances, which in turn, stimulate the cells further, and produce certain irritative action, within the focus of infection. As a further action, it is supposed that the tuberculin stimulates to further lysin production. and that the toxins that are set free, by the lysins, stimulate to further antitoxin production. Hence, the lysins are necessary for the destruction of the tubercle bacilli; the antitoxin, however, stands ready to destroy and prevent harm resulting from the amount of toxin, which is set free as the result of the lysins. This explains how immunity is produced; now as to the stimulation of the focus of infection.

The first phenomena, after the introduction of tuberculin, are the resulting lysins; they may be in the blood or anchored to the cells. The toxins in the blood stream come in constant contact with free circulating antitoxins, and are thus neutralized. There are, however, some that are not satisfied until they reach the focus of infection, where lysins are anchored to the cells, producing a stimulation of the tuberculous tissue, and thus producing focal reaction.

Reaction depends upon toxin circulation; small amounts cause no distinct symptoms; large amounts cause symptoms of toxemia, nervousness, irritablity and malaise which soon pass off. If the amount is very great, distinct pain, chill and rise in temperature are observed. This is not due to tuberculin, but to toxins; proven by the fact that neither a general nor a focal reaction occurs until after a period of incubation, until the tuberculin has been in the tissue for some time.

Where spontaneous cure fails, tuberculin is indicated as an additional help in overcoming either virulence of toxins, that is, there are either too many bacilli or the virulence of same is too great to be overcome by the autogenous products; this would lead to the discussion of auto-tuberculin therapy, but time permits only just a word.

Paterson, of Frimley, attempts to treat patients with auto-inoculation; he aims to do this by working each patient until proper auto-inoculation is produced. His method throws much light upon the immunizing response which follows the natural progress of tuberculosis.

Having discussed, as briefly as possible, the general points relative to tuberculin, it might be well to dwell for a moment on

some of the special ones.

Whilst the administering of tuberculin, generally, is rather difficult, there is no reason why it could not be used by the general practitioner at the bedside, as well as at the clinic. In our tuberculin class, which is held at the Jersey City Clinic on Saturday morning, we have had some splendid results; the only failures, we must admit, were due to the patients becoming weary of the lenght of time necessary for the completion of the series of treatments.

Of course each case is a law unto ntself. We can give neither time, dose or assurance. as to the positive results accruing from the use of tuberculin. Suffice it is to say that none of the specialties in the domain of medicine or surgery are adopted by men, until they have prepared themselves to cope with questions and situations which may arise in their particular branches, and this applies to the tuberculin therapy with equal force.

Whilst it is not necessary to keep up the tuberculin treatment during the entire course of the disease, it is a good practice, where there are no contra-indications, to continue the treatment for a period from four to six months, discontinuing the same for a time, and commencing again with a course of treatment for a period of six months, discontinuing again until definite results have been obtained.

Experience of the leading phthiso-therapists and clinicians lead the the belief that tuberculin has long passed its experimental stage, and the results accruing from over five hundred cases treated at our sanatorium and clinic prompt me to advocate the use of the same generally, and whilst I know that this statement will find dissenters, yet a clinical knowledge of its action will prove conclusively that there are few unfavorable cases where its use is not in-

That its indication is most advantageous in the early stages, needs no argument on my part to be convincing, yet, if I can induce you to believe that latent lesions are not healed lesions, and that the use of tuberculin in latent lesions offers the best results, I will feel satisfied in bringing this

to your attention.

In rapidly progressive lesions, tuberculin is presumed to be contra-indicated, and yet some splendid results have been achieved, even in ambulatory cases, thus we feel justified in saying that it is worthy of a trial. The indiscriminate use of tuberculin, however, is not advocated by the enthusiasm to which I have given expression.

The pathology of advanced cases is rather complex, and the clinical course so uneven that it is ofttimes difficult to differentiate results obtained from tuberculin and the

natural course of the disease.

Of course, in order to use tuberculin, it is most essential to select our cases and to have constant control over the same. Cases runing temperatures over 100 degress Fahrenheit per rectum are usually unsatisfactory to treat, except in institutions where they can be kept under strict observation.

In cases of mixed infection, and these are the ones that have been designated as true phthisis pulmonalis, differing from tuberculosis, where but pure tubercle bacilli infection is present, tuberculin is not contraindicated, and in a small series of cases, where mixed infection was present and where it was possible to develop as far as practical, autogenous vaccines and administer them jointly with tuberculin, a vast improvement was noted. These cases were observed first with tuberculin alone, without definite results, then with polyvalent vaccines, equally without results, whereas the combined use showed marked decrease in temperature, lessening of cough and expectoration and a general well being.

Hemorrhage has been quoted as a contraindication, yet I believe Spengler's theory correct, that the hemorrhage is due to a ruptured blood vessel. It is fair to assume that tuberculin will bring about a focal reaction and help to close the break.

Occasionally we will meet with cases that are hypersensitive to tuberculin, but if properly administered we will often find many of the so-called hypersensitive cases dis-

appear.

The use of tuberculin, therapeutically, offers fewer complications, it hastens treatment, and in early cases at least, produces 25% more cures than those obtained merely by the hygienic and dietetic treatment.

In advocating the tuberculin theory, we do not intend to speak slightingly of the

hygienic and dietetic measure, for by the use of the latter method we increase the power of resistance, improve body nutrition and stimulate cell and nerve tone, thus when specific antibodies are thrown out from the infected focus, the machinery for immunization will be ready for response.

Surely complications of throat, bone, glands and intestinal tuberculosis yield more promptly to this treatment. Pleural effusions are rare complications when tuber-

culin is used.

Tuberculosis of the glands offers a most encouraging field, and except cervical glands, that occasionally become the seat of mixed infection, should never become subjected to the surgeon's knife.

My personal experience does not warrant me to speak of its use in genito-urinary work. Opthamologists praise the use of tuberculin, especially in phlyctenular kera-

titis.

As far as the choice of preparations is concerned it is immaterial. Koch's Old Tuberculin, manufactured by Meister Lucius & Bruning, has given me the best satisfaction.

If we agree to the theory of childhood infection and believe in the possibility of latent lesions, it will be evident that the period of childhood is the one in which the

best results will be obtained.

I had hoped that Von Ruck's contention, relative to his vaccine, would be substantiated by the government, to whose experts it was referred, however, within the last month the results of these experts do not confirm the findings of Von Ruck. However, I am certain that within a comparatively short time a vaccine will be discovered which will protect children from tuberculosis.

It is within our reach to-day to do much to improve conditions; careful physical examinations, supplemented by careful diagnostic tests, will often reveal involvement of bronchial and peribronchial glands, even before lung tissues are involved; but whether involved or not, this is a period where most cures can be effected, for childhood offers cells that are in ideal condition to respond to stimulation.

My observations thus substantiating the experience of men largely identified with this work, lead to these conclusions: first, that tuberculin is the remedy par excellence, both as a diagnostic and therapeutic agent; second, used in early cases, and especially in children, a greater number of cures will be obtained; third, whilst indicated, especi-

ally in early cases, it is not contra-indicated in the far advanced cases, for even if no beneficial results are obtained, certainly no harm can be done, if judiciously administered by a careful physician. Finally, in order that results may be obtained, it is essential that careful physical examinations be made at frequent intervals in order to properly intrepret minute changes.

As I began, so will I end, by emphasizing Koch's maxim, "Tuberculin is not a poison, that it effects differently, the tuberculous

and the non-tuberculous."

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Clinical Reports.

CASES FROM THE CHILDREN'S WARD OF THE ELIZABETH GENERAL HOSPITAL ELIZABETH, N. J.

1. The Action of Lumbar Puncture in Myperpyrexia in Children.

2. A Case of Purpura Hemmorrhagica

Treated with Normal Serum.

3. A Case of Meningocele with Interesting Features.

By Arthur Stern, M. D.,

Attending Physician to the Department.

Case 1. Stephen P. was admitted into my service of the hospital on February 21st of this year suffering from a right lobar pneumonia. On admission his temperature was 104, respiration 48 and pulse 120. February 22nd his temperature at 4 p. m. was 107, pulse 140 and respiration 60. With cold compresses applied hourly it came down to 103 at 8 p. m. and rose again to 106.2 at 4 a. m. February 23rd, and reached 108 at 12 p. m. with 160 pulse and shallow respirations of 64. The child then had cold extremities, face was cyanosed, had nystagmus, and looked as if life would not last very long. I then did a lumbar puncture and removed 30 c.c. of a clear fluid, which was under high pressure, and

according to Dr. J. H. P. Conover, Pathologist of the Hospital, showed no increase in globulin by Noguchi or Swift tests, and which reduced Fehling's solution. Culture of the fluid was negative. Almost immediately after, the child appeared brighter, the extremities became warmer and the cyanosis disappeared.

		Temp.	Pulse.	Resp.
12 p.	m.	108	160	64
2 p.	ın.	104.8	150	54
3 p.	m.	104.6	150	50
4 P.	m.	103.8	140	48
5 p.	m.	103	140.	48
6 p.	m.	102.8	140	48
7 p.	m.	8.101	130	40
8 p.	m.	8.101	132	40
9 p.	m.	101.8	130	40
12 p.	ın.	101.8	130	40
2 a.	m.	101.6	128	38
8 a.	mı.	101.4	128	38

The child then progressed favorably and

passed the crisis February 28th.

A hyperpyretic temperature in lobar pneumonia is rare. J. Ibrahim describes a peculiar meningeal condition following or accompanying pneumonia, gastrointestinal disturbances, measles, influenza and mumps, which he calls apoplexia serosa. The foremost symptoms are hyperpyrexia, convulsions and nystagmus. The spinal fluid according to his article in Feer's Haudbook of Children's Diseases is, under high pressure, the globulins are increased (not so in our case), the fluid is either sterile or may contain a few pneumo, strepto—or staphylococci. He recommends a lumbar puncture as the most important treatment.

Case 2. Mary S., three days sick, was admitted into the Children's Ward March Child's body was covered with hemorrhagic patches of all dimensions. There was an extensive bleeding under the skin of the right ear, causing a swelling of the whole ear. The face was covered with hemorrhagic patches and the largest spots were at the lower extremities, on the abdomen, and around the buttocks. was no blood in the urine or feces, nor was there any bleeding from the gums. The highest temperature was 101.8 and the highest pulse rate was 130. There was a faint trace of albumin in urine, which was of a specific gravity of 1030 and contained no indican. The blood examination on March 5th by Dr. J. H. P. Conover. Pathologist, showed: R. B. C., 3200000; W. B. C. 9000; P., 75%; L. M., 10%; S. M., 15%.

But most remarkable of all the blood-

clotting time was only one half minute taken with the Biffi Brooks coagulometer.



On March 5th it received to c.c. of normal horse serum.

The next day there were a few more hemorrhagic spots. On March 8th it received another 10 c.c. of normal horse serum, and after that there was no more eruption. The hemorrhagic spots became brown, and had almost disappeared when the child left the hospital March 13th.

The case undoubtedly belongs to the group of Purpura Hemorrhagica Henoch, and seemed to us of interest, first on account of the quick bloodclotting time and

the quick action of the serum.

Case 3. Baby N. was born April 4 in the obstetrical ward of the hospital and seen by me with Dr. P. DuBois Bunting the attending obstetrician of the hospital. The



child was born in an occipital position, and presented at birth a large encephalocele.



The child died fifteen days after confinement, and the examination showed the following interesting features. The -accompanying X-ray picture, of the skull, taken by Dr. Frank Steinke, radiographer of the hospital, shows that the opening through which the contents of the sack escaped is near the base of the skull. There is a marked hyperaesthesia all over the skin. The reflexes are exaggerated, especially the Chvostek sign (contraction of facial muscles when the facial nerve is touched) is more pronounced than I have ever seen it before. The skin all over the body shows a peculiar condition of scleredema. Especially the muscles of the extremities feel as if they had been hardened in alcohol. Sucking reflex is normal, and the child takes

The autopsy showed the opening in the skull in the occipital bone near the base, the real opening through which the cyst escaped was of the size of a twenty-five cent piece. The circular opening spread into a triangular opening towards the spine, which was covered with a membrane. The brain itself, which was in the flattened skull, was very small, and it is interesting that the child could live so long, with such an under-development of the brain.

224 East Jersey Street.

Many a broken arm and worse would have happened had not the following advice of George A. Hows, the founder of the famous Panhard oil business, been followed: When cranking, place the thumb against the index finger and take the handle between the four fingers and the palm of the hand. The hand, thus opens readily should a back-kick occur. Always crank up; never down.—Motor Print.

Case of Bell's Palsy.

Reported in a paper by Dr. Martin J. Synnott, Montclair, read before the Clinical Society of the Mountainside Hospital and published in Archives of Pediatrics.

M. B., aged six years; adopted child; antecedents and family history unknown. Had been operated for adenoids two years ago. Last May had fainted, following a slight tall. while narrating the incident to foster-mother. This is mentioned as showing a tendency to vasomotor disturbances. She was brought to my office on October 22, 1914, because her foster mother noticed "her face was drawn to one side." The preceding morning she had been badly frightened by a cow, and at dinner, an hour or two later, her mother noticed something peculiar about her expression, and reprimanded her for "making faces." Later in the day she experienced some difficulty in chewing her food, and that night, when asleep, it was noticed one eye was only partly closed. On examination, while the facial muscles were in repose, I found no symptoms, except that the paralyzed side seemed full, smooth, and gave the impression of being somewhat swollen. But when the inuscles were called into action. as in talking, eating or laughing, the whole right side of the face was at once seen to be paralyzed, the mouth being drawn to the other The paralysis included all the muscles of the forehead, those about the eye, cheek, nose and mouth on the affected side. child could not wrinkle the smooth forehead, contract the eyebrow, frown, close the eye completely, dilate or raise the nostril, pucker the lips, whistle, blow, or "make a face." In other words, all the muscles of expression supplied by branches of the seventh nerve on the afflected side were paralyzed. In eating, food collected between the teeth and gums from buccinator paralysis, causing some diffisulty in deglutition. There was no deviation of the tongue. The Wassermann reaction was negative, and the leukocyte count 13,000; temperature normal; child well nourished and healthy.

The physical examination was negative except that the tonsils were enlarged and uneven of surface, but not diseased. The ear on the affected side had a collection of hardened wax in it, but when this was removed the druin membrane appeared quite normal. The parotid gland was not enlarged. * * * The only treatment advised during the first ten days was to protect the eye, keep it clean, and to apply counter irritation daily with mustard, over the nerve at its exit from the stylomastoid foramen behind the ear. Since that time I have been using electricity and massage regularly and systematically. The muscles respond to the faradic current, so I am using that, otherwise I should employ galvanism. This I expect to continue until the child has recovered, which I hope will be in a couple of months.

Tuberculosis as Disease of Newborn.

Drs. C. G. Grulee and F. Harms, in the Amer. Jour. Diseases of Children, report the case of a child born of a mother with supposedly a healed tuberculosis, whose only subjective symptom was a severe leukorrhea of unknown cause. The mother survived the child (an uncause.

usual thing in these cases) many months at least, and probably is still living. A baby born apparently at term and apparently healthy, had as early as fifteen hours after birth a high temperature, which continued irregularly until death. There was a distinct tendency to regurgitation, and on the seventh day generalized convulsions developed, which continued up to twenty-four hours before death. Death occurred on the eleventh day. On physical examination the child showed only an enlarged liver and enlarged spleen. At necropsy a generalized tuberculosis affecting most markedly the abdominal organs, and especially the periportal lymph-glands, liver and spleen The tuberculosis was miliary in type, found. but the stage of the tubercles suggests that it had already begun in utero. Many tubercle bacilli were found in all sections of tuberculous areas.

Intussusception in a Baby.

Reported by Dr. D. N. Eisendrath, in a paper in the Illinois Med. Jour.

Baby, aged three months, breast-fed for first four weeks of life, then condensed and bottle-fed milk, was taken suddenly ill, October 11, 1914. Parents noticed child became very pale and vomited and that they were unable to obtain a bowel movement, but the child passed bloody mucus. All efforts to secure a bowel movement were unavailing and child was brought to hospital at beginning of third day of illness. Upon examination child appeared to be in collapse. There was some rigidity over pubes and through the rectum one could feel the apex of an intussusception. The abdomen was opened in the median line and there presented itself a typical intussusception of the lleocecal variety. The efforts at reduction were without avail. The serous coat of the colon tore when efforts at traction were made. The only choice was between resection and the establishment of an artificial anus. The ileum above the obstructed area was greatly distended. The terminal ileum, appendix, the cecum and ascending colon as far as the middle of the transverse colon were involved. A lateral anastomosis was performed between the ileum and the sigmoid after resecting the entire intussuscepted portion. For a number of days after the operation the child had many bowel movements, and every day seemed to be losing ground rapidly. On the sixth day a slight infection of the superficial portion of the wound was discovered and while changing the dressing on the wound on the eighth day a partial evisceration occurred. The protruding coils of ileum were held within the abdomen by strips of adhesive plaster and the skin has healed over the intestine with a formation of a ventral hernia. Thanks to the co-operation and advice of our medical colleagues in the Sarah Morris Hospital, especially Dr. Ernest Lackner, we are pleased to report an apparently complete recovery with continued gain in weight. The mortality of resection for intussusception up to the age of one year has been nearly 100 per cent., so this case is an unusual one.

Hypertrophied and Dilated Urinary Bladder.

Dr. C. R. Box, in the Proceedings of the Royal Society of Medicine, reports the case

of a male, aged seven years, whose abdomen was noticed to be of an odd shape three weeks after birth. About that time the boy was circumsized. At present the bladder is greatly hypertrophied and dilated; it reaches almost to the navel. The child does not empty it completely and has some difficulty in starting micturition; nocturnal enuresis is present. There is polyuria—40 ounces or more in 24 hours. The urine varies in specific gravity from 1004 to 1030; it contains a trace of albumen but no casts. The point of special interest is the great hypertrophy of the bladder without any obvious obstruction of the urethra. Skiagrams show no stones; a catheter passes easily and per rectum only the large bladder can be felt.

Abscess of Liver in Child.

Reported by Dr. D. N. Eisendrath, Chicago, in the Illinois Med. Journal. Girl, aged 2 1/2 years, was admitted with a history of having pain in the abdomen for two weeks. was a marked rise in temperature every evening, but no chills. Four days before her admission the pain, which had been epigastric, became localized in the right upper quadrant. She was sent to the hospital with the diagnosis of acute appendicitis. She never had any similar attacks, but had been operated upon for mastoiditis seven months before the onset of the present trouble. At that time there were no symptoms of pyemia, but an incision was made over the mastoid, which evacuated considerable pus. Upon admission her temperature was 101, pulse 144, white blood count 22,000, urine negative. Examination of the abdomen showed that it was not distended, but soft everywhere with the exception of the iliocostal space, where there was distinct Agidity and tenderness. The diagnosis before operation was appendicitis in a retrocecal appendix. Upon opening the abdomen through a right para-rectal incision the cecum and appendix showed no inflammatory changes, the appendix being free and pointing downward and inward. A mass was now felt in the right subphrenic space covered by acutely inflamed omentum which could easily be separated from it. On the convex surface of the right lobe of the liver in the axillary line was a mass which bulged into the subphrenic space and from which thick, yellowish pus escaped upon separation of the omentum. It was evidently a large absccss with multiple foci extending through the entire thickness of the right lobe. After drainage of this abscess patient made an uneventful recovery. Cultures taken from the pus at the time of operation showed the staphylococcus aureus alone. Abscess of the liver in children is very rare. The chief point in interest is, we think, the etiology in this case and it is our opinion it was secondary to the mastoid infection which had occurred seven months before and had remained latent until it had reached the surface of the liver.

Rupture of Heart in a Child.

Dr. J. Anderson, in the Lancet, London, reports case of this condition in a girl aged five years, who had been apparently well previous to her sudden death. The lesion which had given rise to the rupture was of remarkable character; a hematoma, one-quarter inch in diameter, had formed in the wall of the left

ventricle and septum. Its cavity was filled with blood clot and its walls were ragged and granular. At its lower aspect it had ruptured externally into the pericardium, and a large probe could easily be passed through the aperture, which was situated one-half inch from the base of the ventricle. The thinned inner wall communicated with the interior of the ventriele by a large and irregular aperture, which was continuous with an extensive rupture across the inner portion of the posterior wall of the chamber. The torn area almost encircled the ventricle, and reached as far as a point immediately beneath the position of the left auricular appendix. The laceration occupied a fair depth of the muscle, and the wall of the ventricle, when viewed by transmitted light, was quite translucent. The right ventricular wall was intact. The valves were of normal size and their curtains were healthy. Examination of the coronary vessels showed a stenosis of the lumen of both arteries, and the descending branch of the left coronary artery was obliterated at the seat of the rupture and could not be traced beyond it. The interpretation which was placed on the case was that the child was the subject of an ab-normal development of the coronary arteries. The vessels were unusually narrow, and further, the lumen was encroached upon in places by the areas of thickening in the inner coat due evidently to a syphilitic endarteritis. hematoma in the septum was more than likely the result of the thrombosis in the descending branch of the left coronary artery, and represented really a dissecting aneurysm of the heart wall.

Multiple Exostoses.

Dr. P. Turner in the Proceedings of the Royal Society of Medicine reports the cases of a boy aged thirteen years who had a painful swelling at the inner end of the right claviele. This proved to be an exostosis, the pain being probably due to some slight injury. Examination showed the presence of bony outgrowths near the extremities of most of the long bones. Of special interest was a very large growth from the outer surface of the left ilium and a small exostosis apparently growing from the lamina of one of the dorsal vertebrae. The bones of the hands and feet were not affected. The tumors gave rise to no symptoms and caused no disability. The boy's father, a rather small but museular man, aged about thirty-five years, also had multiple bony tumors which he said had been present sinee infancy. He also had a large exostosis growing from the outer surface of the left ilium, and two very large masses attached to the lower extremity of the left femur, as well as numerous smaller exostoses growing from other bones. In his case the bones of the hands and feet were normal, and the tumors eaused no inconvenience. There was no history of similar tumors in any other members of the family.

The mystery surrounding the pathological laboratory dazzles the general practitioner and allures him from old, reliable and well-understood methods. He may look wise at a highly technical laboratory report, but in truth he does not understand it.—Pittsburgh Medical Journal.

Abstracts from Medical Journals.

Value of External Heat to Ill Babies,

A method of maintaining external warmth of a baby, whilst allowing it fresh air to breathe, is now adopted at Guy's Hospital, London. A blanket covers the infant to the neck. The face is exposed to the ordinary fresh air of the ward. A small cradle being placed outside the blanket covering the child's body, within the cradle are hung some ordinary electric lights. The cradle is covered with one or more blankets which are well tucked in around the bed. The electric switch is turned on and the temperature within the cradle watched by means of a thermometer. This treatment is most beneficial in marasmus, diarrhea, vomiting with a tendency to collapse, ordinary bronehitis without high fever, and in many other similar conditions. The heat loss precented by it does much to hasten recovery of the patient. This treatment is contra-indicated in condition of high fever .-- The Modern Hospital.

Scrofuloderma in Childhood.

Dr. K. Bahr, in Monats, f. Kinderhk., tells us that tuberculosis in the first years of life is singularly fatal; in 69 children having tuberculosis Halin found a mortality of 83 per cent. With cases of skin tuberculosis the prognosis is better. Serofuloderma, although local, depends on an infection of the blood, and hence should be as fatal as other forms. The author gives histories of 5 eases observed by him, all of whom were between six and twelve months of age, and all of whom were eured and remained without evidences of tuberculosis two and a half to three years after treatment. Only one of them received a specific or a special fresh-air treatment. Where there were cutaneous abscesses they were opened and injected with iodoform-glycerin. Therefore 4 of the cases showed spontaneous healing. Thus we see that scrofuloderma in early life is often benign.—The American Journal of Obstetries.

Influence of Posture on Digestion in Infancy.

Drs, C. H. Smith and L. T. LeWald, in the American Jour. Diseases of Children, summarize their study of this subject as follows: Air is swallowed with the food by many if not by all infants. The erect posture favors eruetation of this air; the horizontal prevents it. The horizontal posture by preventing eructation, is an important cause of vomiting, colic, indigestion and disturbed sleep. The following routine should be followed in feeding every infant: Before feeding the infant should be held upright to allow the escape of any gas present in the stomach. Immediately after feeding the infant should be again held up against the shoulder of the mother or nurse. He may be patted on the back or gentle pressure may be made on the epigastrium to encourage eructation of the swallowed air. It may be necessary to interrupt the feeding one or more times to hold the child upright to eructate, in eases in which an excessive amount of air is swallowed. After the gas is eructated the child should be put down to sleep, preferably in the prone position and with the head of the

bed raised. If restless he may be taken up after a short time to see if there is more air in the stomach. Habitual tongue-suckers need to be held up several times between feedings, as they constantly swallow air. Other suckling habits must be prevented by mechanical restraint. Feedings should be given at as long intervals as possible, depending on the gastric capacity and the total daily requirements. A feeding should not be taken too slowly. From five to ten minutes are enough as a rule; fifteen minutes should be the maximum time at bottle or breast. The importance of posture and the wrong teaching given to physicians and nurses in the past warrant the emphasis laid on so simple a matter.

Alcoholism in Children.

Dr. C. Ortali, in Gazetta degli Ospedali, Milan, discusses both the injury from alcoholism in the parents and that from acquired alcoholism in children. He reiterates that a child procreated while one or both of the parents is drunk—even although the parents otherwise are only moderate drinkers-is usually below par in some way, mentally or physically, and refers to the reputation for physical and mental degeneracy borne by "holiday children." Even 1 per cent. of ethyl alcohol in the water will check the development of the embryo; 2 per cent. will cause development of deformities and the growth is much retarded, while with 4 per cent. there is no growth at all. Alcohol taken as a beverage passes into the ovaries, testicles and prostate and into their secretions. Both ovum and spermatozoa suffer from the injurious effect from the alcohol, which is pre-eminently a poison for protoplasm. The statistics of criminology show plainly the influence of alcoholism in the parents as a deficiency in the moral sense is one of the commonest manifestations of an inherited taint from alcoholism. The offspring are unusually liable to abuse of olcohol as they grow up; he has investigated this in a number of cases and found a family history of alcoholism in habitual drunkards even although they were brought up entirely remote from their parents, so that the influence of example and training was out of the question. He reports a case of multiple cerebrospinal sclerosis in a young man whose parents had been hard drinkers, and for which no other cause could be assigned. The growth is frequently stunted in districts where there is much abuse of alcohol and the children of persons addicted to alcohol are peculiarly susceptible to tuberculosis. He also cites instances of the wasting away of infants nursing drinking mothers.

Acquired alcoholism in children causes more intense intoxication than in adults and the symptoms are manifestly more predominantly in the nervous system; infants are liable to have convulsions but without fever or bowel trouble. When the alcoholism is chronic, the child is restless, grows very slowly and is liable to have insomnia, strabismus and gastro-intestinal disturbances, finally wasting away completely. In older children the intoxication resembles more that in adults, but there may also be epoleptiform convulsions, actual collapse, delirium or maniacal excitement. Intoxication from wine is characterized more by gaiety and excitement, while brandy, etc., bring depression and torpor. In intoxication from liquers, absinthe, etc., the

plantar reflexes and perception of pain are exaggerated, while they are deadened with ordinary alcohol intoxication.

Causes of the Insanity of Youth.

Dr. Bayard Holmes, of Chicago, has a paper in American Medicine, August, 1914, on "Wao Will Discover the Causes of Insanity of Youth?" We give its conclusions as follows:

(1) It is our contention that the opportunity of solving the problems of insanity is in the hands of the State, and that politically organized society is under an obligation which the administrative and legislative officers of the State have not adequately provided for but must for economic reasons ultimately assume. There is no private endowment which is undertaking the study of these problems on such a scale as to give confidence in their solution by such endeavor.

(2) Up to the present time, no one of the ills of life, no matter how mysterious it has appeared during our ignorance of its condition, its cause and its cure, has ever proven to be due to anything except natural, physical causes, discoverable by the method known

as scientific research.

(3) The very fact that the insanity of youth is not symptomatically unlike traumatic insanity, general paresis, alcoholic psychosis, the delirium of the infectious diseases and the frenzy of the toxemias, leads us to the reasonable presumption that its pathology can be made clear and rational by such biologic, chemical and physical researches (when pursued with sufficient faculty and equipment), as have been rewarded with success in these familiar instances.

(4) We have been convinced by the teachings of medical history and veterinary pathology that there are no mysterious God-sent or devil-brewed diseases. There are no mystical, intangible, unapproachable sources of sickness and death. For every effect there is an adequate cause and for similar effects similar causes. We have every faith in the unity of natural phenomena and the existence of an adequate, tangible, rational, consequential, mechanistic cause for every malady, even though its major symptom may be a disorder of the human brain.

(5) To the modern scientific mind and in enlightened public opinion there are no "hoodoos," no "evil eyes," no "curses," no "banshees," no "twisted ideas," or anything like them, adequate to drive annually fifteen full regiments of our brightest youths into hopeless custody and start them on an irrevocable physical decline, to end either in permanent confinement or in early death.

(6) That society and that civilization are not fit to exist and can not long exist that expend a munificent quarter or more of the State budget on the pessimistic custody of its unfortunate citizens and yet provide no proportionate means of solving the riddle of insanity by such methods as have proved adequate to solve the problems of equally mysterious maladies.

(7) Psychiatry presents the most promising field for research and dementia precox is the most important clinical group awaiting a scientific study and means of cure or prevention.

County Medical Societies' Reports

BERGEN COUNTY.

Fred. S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, April 13, at 8.15 P. M. Vice-president Dr. Elsing occupied the chair, and 22 members were present.

The application of Dr. G. H. Walker for transfer to the Passaic County Medical Society was granted. Dr. Benedict P. Willis, of Ruth-

erford, was elected to membership. Scientific program-Report of cases:

- 1. Dr. St. John, Bullet Wounds of the Brain.
- Dr. Pratt, "Inversion of the Uterus." Drs. Bell and Edwards, "Tubercular Peritonitis in a Chlid, illustrated with lantern slides.'
- 4. Dr. A. W. Ward, "Acute Flexion and Ptosis of the Hepatic Flexure." $\,$

5. Dr. H. G. Ward, "Removal of a Screw

from the Right Bronchos."

Mills in June.

6. Dr. Bell, "Differential Diagnosis of Appendicitis and Pneumonia in Children.'

The meeting adjourned after a social session.

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The Burlington County Medical Society met at the Metropolitan Inn, at Burlington, April 14, 1915.

Dr. M. W. Newcombe had charge of the following program:

"The Value of Inspection in Physical Diagnosis," by Dr. H. R. M. Landis, Philadelphia, "The Relationship of Pregnancy and Tu-Pa.; The relationship of Fleghancy and Tuberculosis," by Dr. E. H. Funk, Philadelphia, Pa.; "X-ray Plates of Pulmonary Tuberculosis," by Dr. W. F. Manges, Philadelphia, Pa. The subjects were very ably presented and were discussed by members of the society. These papers will be sent to the Journal for

publication. The society adjourned to meet at Brown's

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

Responding to the invitation of the Board of Managers of the MillvIlle Hospital, the Cumberland County Medical Society held its spring meeting at that institution. Dr. George Spence of Leesburg, called the meeting to order. Owing to the smallpox epidemic and bad condition of the roads, but few members were present. The names of Dr. L. F. Hatch, of Vineland, and Dr. S. D. Bennett, of Millville, were prescated for membership.

A contribution was made to the Belgian Physicians' Relief Fund.

Dr. Leslie Cornwell reported his experience of his visit to the Mayo Brothers' Hospital, at Rochester, Minn. He referred to the large number of operations performed. In all laparotomies a large incision is made to enable the operator to expore every abdominal organ. In thyroidectomies the mortality increased pari-passa with the amount of the gland removed. The meeting of the hospital staff for discussion of the cases treated offered a rare opportunity of educational value.

Dr. E. S. Corson read a paper on "Massage," emphasizing the necessity of doctors understanding this branch of the healing art. He pointed out that ignorance in this respect had given ostcopathy undue significance and taken the patient from under the control of the medical practitioners. After the reading of the paper, a paralytic patient was given massage for purposes of demonstration. Every hospital centre should have an expert to whom the doctors could refer their patients.

The smallpox cpidemic in Millville came up for discussion. The division of opinion as to the nature of the disease has cast discredit upon the inedical profession and caused a spread of the disease through carelessness of the people. Irrespective of giving the disease a name, the contagiousness of the condition was apparent to all and should have influenced the reporting of all cases and a rigid quarentine. In Millville the discase, through rigid enforcement of the ruling to vaccinate, seems to be under control. There are isolated cases throughout the county.

A publicity committee, consisting of Dr. T. J. Smith and Dr. E. S. Corson was appointed to keep the public informed on topics of general interest.

At the conclusion of the meeting the ladies of the Hospital Auxiliary provided a luncheon. Inspection of the hospital followed. A vote of thanks was tendered the Board of Managers. The next meeting in July will be held in Vineland.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D. Reporter. The next meeting of the Essex County Medical Society will be held on Tuesday, May 4th, when the speaker of the evening will be Dr. James J. Walsh, of New York. Those who heard his address after the banquet at the State Society or otherwise know of his scholarly ability and readiness in speaking will expect to hear something worth while on "The Meaning of Cures in the History of Medicine.'

The Public Health Education Committee of the Essex County Medical Society arranged a lecture for the Workingmen's Circle of Newark at Union Hall, on March 21st at 8.30 P. M. Dr. S. Adolphus Knopf, Professor of Phisiotherapy at the New York Post-Graduate Medical School gave a very practical address on "The Workingman's Duty in the Fight against Tuberculosis." He impressed upon the audience the large percentage of cures in incipient tuberculosis, and the poor results in advanced cases; the disease being a communicable one the sufferer could be a menace to society or a harmless member of it according to the care exercised in the disposal of sputa, disinfection of articles used by him etc. He asked them to improve the unsanitary conditions in homes and work shops which lowered their resistance; explained the value of light, air and good food, and the uselessness of "Consumption Cures" and the falsity of their testimonials; urged the value of prophylaxis, careful home treatment, tuberculosis' clinics and sanatoria and advised as to mode of living of cured patients to prevent a recurrence of the diseasc. He asked for kindly treatment and sympathy for the sufferers and explained how family and friends could help. There were about 250 people present.

The Academy of Medicine of Northern New Jersey held its annual meeting on April 21st. Routine business included the receipt of annual reports from committees, election of new members and the election of the following officers for the ensuing year: President, J. Bennett Morrison; vice-president, Albert B. Nash; recording secretary, E. D. Newman; corresponding secretary, H. C. Barkhorn; treasurer F. R. Haussling; trustee, G. K. Dickinson; committee on admissions, A. C. Christian; committee on library, Raymond Mullin. The address of the evening was by Dr. Robert L. Dickinson, of Brooklyn, on "The Abdominal Incision; Notes on Methods of Treatment in the Great Clinics Here and Abroad." It was illustrated address on observations of technic in operating. He referred to the lack of standards, the work of the American College of Surgeons, the suggestion for group trips which will provide for a few specially interested in some part of operative technic traveling to investigate and report back a suggested standard in the given matter. He had found iodine preparation of the skin universally adopted; the best method of skin protection sewing to the wound margin material like batiste; other matters discussed were the light in the operating room and in the wound the various incisions, ligating, retracting, suturing, etc. The Section on Pediatrics met Thursday, April 1st, elected for the ensuing year Arthur Stern, chairman and R. Hunter Scott, secretary. The Section on Medicine met Tuesday, April 13th. Dr. F. W. Sell read a paper on "Causes of Death from a Public Health Viewpoint." A. C. Christian was elected chairman and A C. Zehnder secretary. The Section on Eye, Ear, Nose and Throat met Monday, April 26th. Dr. J. W. Courrier read a paper presenting specimens of a Granuloma of Molar Root producing absorption of the floor of the antrum withour perforating the lining membrane and on a similar Granuloma producing a cyst of the antrum. F. C. Webner was elected chairman and H. C. Barkhorn secretary.

The Essex County Pathological and Anatomical Society held the regular April meeting on Thursday, April 8th. The following program was rendered:

Specimens—1. Malignant Fibroblastoma of Sphenoidal Sinus, Drs. Eagleton and Sutton; 2. (a) Cancer of Uterus, (b) Cancer of Cervix, (c) Papillary Cyst-adenoma of Ovary; 3. Usual Demonstration of Specimens from Pathological Laboratory of City Hospital, Pathologic Staff.

Cases—Short Clinical-Pathological Talks, illustrating: (A) Visceral Syphilis, (b) Rupture of Mesenteric Glands, Dr. Martland; discussion by Drs. Wallhauser and Wolfs.

Paper—"Methods Used in the Identification of Criminals" (illustrated by lantern slides), Ed. H. Schwartz (Newark Police Department).

The paper by Mr. Schwartz was intensly interesting and revealed the marvelous accuracy and out of it the equally marvelous system of classifying finger prints which makes identification positive the world over. The next and last meeting of the season will be held on Thursday, May 14th.

The Section on Surgery met April 27th. Dr. Charles L. Ill was elected chairman and Dr. John T. English, secretary.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The seventh regular meeting of this society was held at the Down Town Club, on Tuesday evening, April 6th at the usual time.

Dr. George E. McLaughlin made a detailed report on the proposed purchase of a lantern, describing the equipment (partly imported), which he thought would be most efficient, and stated that the net cost would be \$235. As this was \$80 in excess of the original authorized expenditure, a motion was carried to permit the purchase of the outfit as he recommended.

The question of a permanent meeting place was also referred to by Dr. McLaughlin. He thought that if the Public Service Corporation, was properly approached by a representative committee, that the fine hall at the tube station (although they do not rent it out) might be secured, until such time as other permanent arrangements were made.

A communication from the Lederle Antitoxin Laboratory at Pearl River was read and on motion tabled.

Miss Mc Naughton was given the privilege of the floor, and spoke for seven minutes on the suffrage question. She made many comparisons between the altruistic work of physicians and the organizations she represented, and stated that if they had the support of the doctors in this community they could look for decided reciprocity.

Two new members were proposed and the following elected to membership: Drs. Kimball, Weehawken: Denis, West Hoboken; Brandenbury, Secaucus: Brady, West Hoboken; Crowley, Jersey City; Gardner, Jersey City.

Dr. J. Morgan Jones read the first paper of the evening, entitled "The Use of Bacterins," which was followed by "Drugs in Pneumonia," by Dr. David B. Street.

Both these presentations by Jersey City men provoked interesting discussions, and they will be published at first opportunity.

MIDDLESEX COUNTY.

Anthony Gruessner, M. D., Reporter.

The Middlesex County Medical Society held its monthly scientific meeting at the Madison Hotel, Perth Amboy, April 21st. In the absence of President Meinzer, Vice-President Donahue called the meeting to order. Dr. Brown, secretary, being detained by sickness, Dr. A. C. Hunt was appointed secretary pro tem. The regular order of business was dispensed with by unanimous decision. The following members were present: Drs. Albright Donahue, English, Fithian, Gross, Gruessner, Henry, Hunt, Hofer, Lippincott, Lund, Meinzer, Meacham, MacDowall, Merrill, Hoffman, Smith, Silk, Schureman, Riva, Tyrrell, Shull, Voorhees, Weber and Wilson. There were also present as guests: Drs. F. C. Edgarton and Londrigan, of New York, and Dr. W. H. Arlitz, of Hoboken.

Dr. B. F. Slobodien, of Perth Amboy, was nominated for membership.

Dr. F. C. Edgarton, of New York, read a paper on "The Surgical Diseases of the Kidney." He spoke of the importance of local anaesthesia instead of a general anaesthetic for bladder examinations. He reported many cases of tuberculosis of the kidney and kidney

stones. He showed that a good many cases of kidney lesions have pain on the opposite side of the affected kidney. Specimens of removed kidneys and stones, also X-ray photographs of the same were of special interest. The subject as a whole was most instructive and it showed the author's special knowledge and experience. Everybody present was greatly impressed and Dr. Edagrton was given a unanimous vote of thanks for his most valuable paper. Dr. F. M. Donahue, of New Brunswick, discussed the paper and added some interesting points.

The next on the program was a paper by Dr. W. J. Arlitz, of Hoboken, on the "Analysis of Psycological Relations Between the Lawyer and the Physician" was most unusual as it brought out points not known to many physicians, and was a scholarly presentation of the

subject.

The meeting then adjoined and the members and their guests proceeded to the dining room where an excellent dinner was served. several of the members being specially honored

on the menu, as follows:
One, Perth Amboy Appetizing Cocktail, a la Dr. Henry who is known to love an appetizer; 2, Clam Cocktail a la Dr. Meinzer. He heads the society but claims the cocktail; 3, Claret Wine, a la Dr. River. Dr. Riva whose name was changed to river thought the change was very suggestive; 4, Neutral Beef Soup a la Dr. English. Dr. English did not like to be put in the soup especially as English was not neutral; 5, South Amboy Sca Bass, a la Dr. Meacham. Hc said hc likes South Amboy but does not favor fish; 6, New Brunswick Roast Chicken, a la Dr. Voorhees. He said he likes "chicken" all right; 7, Green Peas, a la Dr. Brown. Too bad Dr. Brown was not there to enjoy his favorite vegetarian diet: 8, Asparagus Vingerette, a la Dr. Arlitz. We understood the word "asparagus" but we had Dr. Arlitz explain "vingerette"; 9, Strudel, a la mode like Mrs. Dr. Gruessner makes. A little mistake in print as it tasted the same as Mother Gruessner makes; 10, Demi Tasse, a la Dr. Edgarton, but the doctor left before the coffee so a demi-dinner was more appropriate; 11, Cheese a la Dr. Donahue. We all tried to leave a little spare room in our gastric capacity to do him honor.

PASSAIC COUNTY.

Chas. R. Mitchell, M. D., Secretary.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, Tuesday, April 13th, Dr. J. C. McCoy presiding. There were present fifty members and the following guests: Drs. Jno. Madison Taylor, of Philadelphia; Emory Marvel, of Atlantic City; Thomas N. Gray, of East Orange; G. M. Levitas, of Westwood; H. T. Walker, of Wyckoff, and Suckroff, Buie, Wishnach and Connolly, of Paterson.

Dr. Carroll, of Passaic, reported a case of intussusception of the ileo-coecal valve simulating appendicitis. Discussed by Drs. Todd,

Dingman, Drake and Marvel.

Dr. J. A. Maclay read a paper on "Contusions of the Abdomen," calling attention to the necessity of immediate operation in many cases and the difficulty of correct diagnosis of the underlying lesions. He also called atten-

tion to a symptom recently described as Claybrook's sign, where the heart and breath sounds could be heard distinctly all over the abdomen when any of the intra-peritoneal structures were injured. This sign was pres-This sign was present usually for the first twenty-four hours and was a most valuable aid in diagnosis. It was discussed by Dr. Taylor, who referred to delayed shock in these cases, and Dr. Magennis, Dingman, Levitas, Curts and Maclay.

Dr. John M. Taylor gave a most interesting talk on the body as a machine and the treatment of many such-acute and chronic conditions without the aid of drugs. He brought forward the theory that many chronic partially disabling conditions were due to circulatory unbalance; that in many of these cases stimulation of the sympathetic system causing changes in circulation and local absorption will sometimes do wonders in restoring local health. These changes were effected by massage, stimulation by steady pressure which caused vaso-dilation and intermittent pressure which caused vaso-constriction. This principle is affected by osteopaths and chiropractors who claim to break up adhesions about the vertebrac and in the para-vertebral tissues. Dr. Taylor showed how prostatics could be relieved by stretching the tissues about the perineum; how lumbago could be relieved by manipulation; how many times in cases of adhesions within the abdomen massage and manipulation could be more effective than surgery.

The nominating committee, composed of Drs. Tuers, Curts and Brevoort was named to present nominations for next year's officers.

The society voted to endorse the proposed municipal dental clinic. An invitation was received from the Lederle Laboratory Co. asking the society to accept its hospitality some day in June. This was referred to a committee composed of Drs. Morrill, Rauschenbach and Clay.

The following resolutions were introduced by Marsh:

Whereas, the Paterson Board of Education is planning the construction and operation of an open-air school or schools in this city, and also the appointment of a physical director;

And whereas, both of these measures cannot fail to be highly advantageous and beneficial to the school children of the city:

And whereas, neither of them is strange or new or experimental, but one or both of them have been carried out for years with great success in progressive communities of this and other States, be it

Resolved, that the Passaic County Medical Society heartily endorse both of the proposed measures, and that copies of this resolution be sent to the Board of Education, the Mayor, and the Public Press.

"Whereas, it is known to sanitarians and not hidden from the public generally, that the Mosquito nuisance can be readily and effectively controlled in any community by the application of recognzed engineering methods;

"And whereas, the Passaic County Medical Society has already endorsed the principle of Mosquito control, and the work of the Mos-

quito Commission in this county:

"And whereas, the Board of Chosen Freeholders recently refused an appropriation for the prosecution of this most desirable public work, be it

"Resolved that the Passaic County Medical Society as interested in the public health, and its members are residents and taxpayers of the county, regret this unwise economy of the Board of Freeholders and trust that they may be moved to reconsider it.

"Resolved, that a copy of this resolution be sent to the Board of Freeholders, the Mosquito

Commission, and the Public Press."

Dr. Rogers, for the Committee on Public Health and Legislation, gave a detailed report of the work done in Passaic County during the past year. This report showed that personal work and repressive measures without recourse to law could accomplish. The report was accepted with the thanks of the entire society.

Dr. W. B. Johnson moved the adoption of

the following resolution:

"Resolved, by the Passaic County Medical Society at its regular meeting held April 13, 1915, that inasmuch as Senator McGinnis has introduced a bill for the purpose of admitting to the practise of osteopathy in this State certain persons who have been graduated by a socalled school of osteopathy located at one time in the city of Passaic, which has long since been legally closed and deprived of the right to issue diplomas, and that, regardless of the fact that when, by resolution of this society, Senator McGinnis' attention was called to this matter, and that he replied by letter that he had introduced the bill by request and that the introduction did not make it necessary for him to vote for it, and that, regardless of his apparently disinterested attitude, he has since used every effort to make the bill a law and to further its passage in the assembly and its approval by the Governor,

"Therefore; be it further resolved that a copy of this resolution be sent to the Senator, to the daily papers and to the Governor of the State as an evidence of the disapproval of the action of the Senator by the members of this society, as members and individuals, with a request that he shall explain his action to the society if it is possible."

These resolutions, were adopted.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The society met at its usual place, the Ten Eyek House, Somerville, on Thursday, April 8th, the president, Dr. D. F. Weeks, being in the chair. A number of business matters were taken up in routine and disposed of, and the following by-law was adopted: "The Committee on Good and Welfare shall consist of three members who shall be appointed annually by the president. It shall be the duty of this committee to encourage and foster all efforts looking to the betterment of the members and extension of the work of the society." Later the president appointed as such committee Drs. Meigh, Hegeman and Zeglio. Under the head of interesting cases Dr. C. R. P. Fisher reported a case of pulmonary trouble with interesting clinical features.

The paper of the afternoon was then read by Dr. P. J. Zeglio, of North Plainfield, on the subject of "The Treatment and Prognosis of Carcinoma of the Breast." This proved to be a very thoughtful, well worked up and valuable paper, presenting the statistical and historical side of the subject in an interesting

manner, and giving a resume of the speaker's own experience in this field of work.

A very spirited discussion followed. members recounting their experience, operative and otherwise in this disease, and a number of especially interesting cases were described. One of these was a primary cancer of the breast, that later developed a new growth that clinically resembled a melanotic sarcoma, but was pronounced by a pathologist to have been hemorrhagic infiltration. In this case no enlarged glands were found in the axilla, which was cleaned out thoroughly, but two glands each the size of a cranberry were found under the clavicle, and each curiously bearing the melanotic characteristics of the secondary growth. Along the line of malignancy a rare case of sarcoma of the lung, following an injury from a baseball striking the chest, and in its early stages thought to be a tubercular condition was reported. This case was sent to Saranac, where it also was thought to be tubercular, though negative to all tests for that trouble. Finally a condition simulating abscess in the anterior mediastinum was diagnosed, and operation at a hospital in Montreal revealed a number of nodules that under the microscope were found to be sarcomatous. The patient died after numerous metastases had occurred.

Very rarely has the society held a meeting more interesting and valuable than this, and it provoked a very general discussion as to whether it were not of more value to the members to do the bulk of paper discussion work rather than to always bring the outside men to address them. The general feeling was one favoring this view, and your reporter is much of the opinion that this course will be followed more in the future than in the The society in closing voted to depart past. from its usual custom and meet in June as the guests of its president, Dr. Weeks, at Skillman, and Dr. H. V. Davis, of North Branch, was appointed chairman of the committee to arrange for the scientific work of the meeting. There being no further business the society adjourned.

UNION COUNTY.

George Knauer, M. D., Reporter.

The regular quarterly meeting of the Union County Medical Society was held in the Armory building, Elizabeth, April 14, 1915, at

8.30 o'clock P. M., with good attendance. Dr. William S. Bainbridge, of New City, presented a very interesting and instructive paper on "The Prevention and Cure of Intestinal Stasis," with several slides, which was discussed by some of the members present.

Local Medical Societies.

BAYONNE MEDICAL SOCIETY.

Morris Frank, M. D., Reporter.

The monthly meeting of the Bayonne Medical Society was held at Elks' Hall, March 15, 1915, Dr. C. J. Larkey presiding. There was a good attendance of members and Drs, Pollak, Quigley and Curtis, of Jersey City, were present as guests.

Dr. Harlow Brooks, of New York City, read the paper of the evening on "Lung Complications of Cardiac Disease." The paper is herewith sent to the Journal.

The following is an abstract of the discus-

sion of the paper:

Dr. G. H. Sexsmith-For temporary relief of congestion, he has applied bandages on the limbs so as to cut off the return flow of the blood diminishing the quantity of blood entering the heart, thus relieving the amount of work of the heart. He asked if broncho-pneumonia is not generally tubercular. Says he saw a number of cases of gangrene of the lung in Hamburg. There is no known cause for it. They treat it there by resecting several ribs and allowing the gangrenous portion to slough

Dr. F. M. Corwin-Said he had used the passive hyperemia of the limbs in one case

with very good result.

Dr. S. R. Woodruff-In one case of cardiac asthma, he gave a hypodermic injection of cocaine in adrenal in solution by mistake. He meant to give morphine instead. The patient was in very bad shape and he expected her to die. In a short time after the injection, the patient felt very much relieved.

Dr. W. A. Pinkerton-Generally uses adrenalin in spasmodic asthma. He wanted to know

if there was any danger in its use.

Dr. W. H. Axford—Reported a case of a bullet wound. Patient had fluid in his chest as a result. Patient died during tapping. Autopsy showed a pericarditis, which filled the entire chest.

Dr. Curtis, of Jersey City-Described an instrument which is used for passive congestion of the arms. It consists of two arm bands which are placed around the biceps to which a sphygmomanometer is attached. Patient gets relief as soon as you get the diastolic pressure. Can be applied repeatedly. A similar instrument can be used on the thighs. He wanted further information about this method of treatment.

Dr. Pollak, of Jersey City.-He said that mitral stenosis rarely occurs with tuberculosis and is antagonistic to it. Tricuspid stenosis favors it because of anemia of the lungs. He has used emetine in asthmatics with good results. He also uses adrenalin in some cases.

Dr. W. W. Brooke-Claims that many cases we see in extremis and get well are really cases of angioneurotic edema of the lungs.

Dr. Harlow Brooks closed the discussion. He favored Dr. Sexsmith's idea of passive hyperemia and said it is very good treatment, but he does not use it very often. Adrenalin often gives very good results and does no harm, even when it does not relieve the symptoms. Is given in 10-30 minim doses. Pituitrin acts the same way. Has not used emetine but intends to. Bandaging the limbs was originated by Dr. Gurdle, of Nauheim. Claims it has good psychic effect also. Dr. Chas. Quimby puts patients into a glass chamber up to his neck. He then pumps the air out of the chamber and causes a congestion of the surface of the whole body except the head. Acts similarly to the arm bandages. He uses it on chronic cases too. Said that broncho-pneumonia is not always tubercular. Certain forms of asthma are hereditary. In case where eczema is one of the

symptoms of asthma, one member of the family may have the asthmatic attacks, his child will probably have the eczema, while his grandchild would have the asthmatic attacks and so on.

Dr. M. I. Marshak's resignation as a member and as the reporter of the society was accepted and Dr. Morris Frank was selected re-

porter.

MORRISTOWN MEDICAL CLUB.

E. Moore Fisher, M. D., Reporter.

The regular meeting of the Morristown Medical Club was held on the evening of March 31st at the residence of the host, Dr. E. Blair Sutphen, in Morristown. Dr. A. A. Lewis was in the chair. There was a good attendance and among the visitors were Drs. Thos N. Gray, of East Orange; J. Henry Clark, of Newark, and G. S. DeGroot, of Mendham.

Dr. C. C. Beling, of Newark, gave an address on "Reflexes" which was illustrated by

charts.

After referring to such common reflexes as the patellar and eye reflexes, the doctor went on to describe other numerous symptoms that could only be explained as reflexes. These were due to the fact that all spinal nerves contained at least four sets of fibres, motor and sensory fibres, to the periphery and two similar sets to the viscera. It more or less followed that if there were any visceral lesion present pain might reflexly appear in those parts of the periphery supplied by the same sets of nerves. Pain was also carried in the cord by fibres of the sympathetic system which then acted reflexly on other organs than those actually involved by disease and also distributed pain to various localities. Many of these facts were not new in themselves but it was only recently that such men as Abrams and Mackenzie had correlated them so as to make them valuable aids in diagnosis.

In speaking of reflex conditions giving symptoms in connection with the eyes and other parts of the head the doctor said the numerous ramifications of the cranial and sympathetic nerve fibres could easily account for

Tracing out definitely the muscles affected in the extremities and finding from which segment of the cord the nerves came that supplied these muscles, often gave a clue to some visceral disease of which the muscular condition was a reflex activity. As a rule in the early stages of disease and often later, tender areas were found in the spinal groove over the nerve roots that supplied the part affected.

Most of those present joined in the discussion and gave instances of various reflex symptoms they had noticed. While it was agreed that it was an accepted fact that nearly all pathological physical conditions gave rise to reflex pains it was also thought that many emotional conditions gave rise reflexly to physical symptoms and that physical conditions induced symptoms psychic in character.

Dr. Beling replied to the numerous questions his address called forth, and before concluding gave a demonstration of the use of Abrams plexor and pleximeter and the possibility of reducing or augmenting the rate of the heart beat by percussion over special spinal regions.

THE JOURNAL

Medical Society of New Jersey

MAY, 1915.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor, New Brunswick, N. J.

Each member of the State Society is entitled to re-seive a copy of the Journal every month. Any member failing to receive the paper will confer

a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

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OUTLINE OF THE SCIENTIFIC PROGRAM OF THE MEDICAL SOCIETY OF NEW JERSEY.

Annual Meeting, Spring Lake, June 22-24, 1915.

First Day-June 22, 4 P. M.

Bone-grafting and Artheroplasty. With exhibition of Patients. Dr. G. H. Sexsmith, Bayonne, N. J.

Discussion opened by Dr. Paul E. Rauschenbach, Paterson, N. J.; Dr. Sidney A. Twinch, Newark, N. J.

Oration in Surgery-Subject: What Surgery Is and Should be, Dr. Gordon K. Dickinson,

Jersey City, N. J.
Pyelitis of Pregnancy, Dr. Nathaniel G.

Price, Newark, N. J.

Discussion opened by Dr. Edward J. Ill, Dr. M. Danzis, Newark, N. J.

First Day-8.45 P. M.

Annual Address of the President, Dr. F. D. Gray, Jersey City, N. J. $\,$

Oration in Medicine-Medicine's Greatest Contribution to Humanity, Dr. Stewart Paton, Princeton, N. J.

Every Obstetrical Case—A Surgical Case, Dr. Joel W. Fithian.

Second Day-June 23, 9 A. M.

Symposium—The Diagnosis and Treatment of Mental Diseases and Allied Neuroses.

The Institutional Treatment of the Insane, Dr. Britton D. Evans, Morris Plains, N. J.

The Boarderland of the Psychoses, Dr.

Christopher C. Beling, Newark, N. J.
Discussion opened by Dr. Frederick C. Horsford, Newark, N. J.

The Neurasthenias, Dr. Thomas P. Prout,

Summit, N. J.

Effect of Syphilis on the Central Nervous System, Dr. Henry A. Cotton, Trenton, N. J.

Discussion opened by Dr. William J. Arlitz, Hoboken, N. J.; Dr. Alfred L. Ellis, Metuchen,

Second Day-3.30 P. M.

Address of the Third Vice-President, Dr. Wm. G. Schauffler, Lakewood, N. J.

The Medical Witness, Dr. Wm. J. Arlitz, Hoboken, N. J.

Discussion opened by Justice Wm. H. Speer, The Treatment of Old Brain Injuries, Dr. Martin W. Reddan, Trenton, N. J.

Synopsis-(1) The incapacity which results from head injuries; (2) The slight danger of operation; (3) The result.

Discussion opened by Dr. H. A. Cotton, Dr. Thos. H. Mackenzie, Trenton, N. J.

CHILDREN BETWEEN INFANCY AND SCHOOL AGE.

We take the following extracts from an excellent editorial in the March issue of the Archives of Pediatrics, under the caption-"Another Chance for Paternalism." Referring to the class of children who seem to fall between two stools—the children between infancy and school age—from two to six, "who play among the ash barrels and in the gutters all day while the other children are in school and the babies are being brought up hygienically, under the supervision of the milk station," the editor, very pertinently says:

"The children's classes of the various hospitals and clinics are the medical advisers for this group of children, and on the whole, they fulfil their duty toward them when they get a chance. But the mothers, busy with this year's yield of babies and not drawn to the ordinary dispensary by lure of a cheaper clean milk which draws to the milk station, all too seldom come for advice for these little tots, who because they can run aloue are allowed to do so, even to lying down on their little bellies in the street, pretending

to be Belgian soldiers.

There is no concerted effort to get these children in under medical care; nor to instruct the mothers particularly in the ills to which this period of childhood is liable. Yet at this age can much prophylactic work be done, work which might eliminate many of the defects which are detected upon entrance to school. This is the period of primary dentition; the inviolable character of the first set of teeth should be preached strenuously. This is the time when adenoids and mouth breathing do maximum harm to the bones of the face and the palate. These are the years of greatest mortality among the contagious diseases; the moment when tuberculosis, waiting upon measles and whooping cough, finds its choicest opportunity. Now, rickets and poor nourishment, bad air and improper modes of living can have uninterrupted influence upon the bones and the nervous systems of these little ones, stunting their growth and helping to render inefficient the educational work of later years.

It is economy to insure excellence of raw material if the finished product is to be excellent. It is not economy to allow the raw material for our citizenship, upon whose education we spend so much, to deteriorate between the milk station and the school. An attempt should be made to extend the municipality's medical care in the hope ultimately, to reach every future public school scholar before harm shall come to him. If this be socialism, let us make the most of it!"

It seems to us that it is not only a matter of great importance to care for this large class between two and six years of age for their own sake, to prevent them from being diseased or defective when they enter school, but also to prevent them from becoming a menace to the babies who are under the more or less careful supervision of the milk station and to the older children in the families to which they belong who are attending school, lest they shall bring into those families the germs of disease from the ash barrels and gutters, or from their mingling with playmates who may have some developing contagious disease.

TRAINING FOR PARENTHOOD.

We are pleased to receive the following communication from Mrs. Alex. Marcy, Jr., of Riverton, chairman of the Hygiene Committee of the New Jersey Congress of Mothers, and we gladly give it a place in our editorial columns.

If the morbidity and mortality of infants is to be reduced, and the coming generation is to be better developed mentally, morally and physically, particularly the latter, then search must be made now for the causes which conspire to hinder it, and a greater effort made to effect it. We have established courses of study and training for all the vocations known excepting that most important one of all—the training for parenthood.

The little girl of to-day, who is to be the mother of to-morrow, gets her training for motherhood generally through her dolls, and it is only the God-given instinct of love that helps her to care for her baby, while, as for a practical knowledge of how to care for herself during her pregnancy, or what effect upon her child the things that affect

her at that time will have, she has only the superstitions of past generations of old women to be her guide.

When her baby is laid in her arms she knows not much more about its care, nor how it should develop and what to expect of it, than she used to know of her dolls.

Is this a condition conducive to the propagation of a world full of mentally and physically perfect beings? Is it not time that some provision were made for the careful training of the youth of the land; for granting that not all girls marry, nor all men are destined to become fathers, are there not always the parents next door to be helped, and would it not be worth while to have some course of training for our girls, with a course also for the boys where they might learn many things that would be greatly to the advantage of the child unborn?

This subject is being discussed more and more by the thinking women of the world, and a hope entertained of a time not too far off when some measures may be taken to establish such courses. The New Jersey Congress of Mothers publishes a pamphlet "How to take care of Babies," in English, Italian, German and Hungarian, which is distributed through the mothers circles, and Parent-Teacher associations affiliated with the Congress, and this reaches thousands of mothers giving them the first principles of the care of the baby, and is expecting to issue in the near future, a similar one of useful suggestions for the expectant mother.

LOP - SIDED PREVENTION; CAN MEDICAL SCHOOL INSPECTION MAKE IT LESS SO?

A study of the mortality tables of the State Board of Health reveals some interesting facts, which give food for thought. Among these are: The reduction in deaths from diphtheria during the decade ending 1912 was from 1,776 at the beginning to 481 in the last year; the reduction in deaths from scarlet fever was from 1,008 to 146; the deaths from whooping-cough was increased from 163 to 211; those from measles from 197 to 296.

The increase in deaths from whooping cough and measles is possibly due to the increase in population during the decade. Allowing this as fact, it but emphasizes the failure to interfere with these infections, such failure being a striking contrast to the results of preventive work, as shown by the reduced number of deaths from

diphtheria and scarlet fever, even though some of the reduction of diphtheria deaths was due to the advent of antitoxin, a curative means.

The figures given as the mortality rate of whooping cough and measles are not a correct record, as they do not represent the deaths from pneumonia in which these infections were the causative factor, neither do they show the many cases of pulmonary tuberculosis started from the traumatism produced by these infections. Were the deaths from pneumonia, secondary to the whooping cough or measles, and were the deaths from tuberculosis, as an end result of either known, the true mortality rate would be much larger.

Of whooping cough the 1913 report of the State Board of Health says, trol of whooping cough by local boards of health is a difficult proposition, and until some method is devised providing for the early discovery of this disease and the isolation of suspected cases, together with reasonable quarantine of those affected with the disease, there is little hope of a material decrease in the death rate." failure to decrease the death rate of measles nothing is said in the report. can, however, apply to this disease the same remarks quoted in reference to whooping cough.

The infectivity of measles is of short duration, beginning with the catarrhal stage. This makes it imperative that the child with this disease be excluded from school and isolated at home at the earliest possible moment. The laboratory offers but one means to this end-a blood examina-The swollen caruncle in the eve, which Dr. Charles Herrman, pediatrist to the Lebanon Hospital, New York, has found a valuable early sign, enabling him to pick out suspicious cases in the waiting room of the dispensary, is a good early sign in the writer's experience; but the measles child must be kept out of the school room at a time antedating suspicion.

The infectivity of whooping cough is present with the first cough of the prodromal stage, so, it too, demands that a child with this disease shall be excluded from the school and isolated in the home at the earliest possible moment. In this disease the age of greatest fatality is under five years, and it is the undetected case which spreads contagion in the school; from which it finds its way to many homes. Here too the early diagnosis will lie in the laboratory.

Unfortunately the limited aid which the

laboratory can at the present give, cannot be sought often enough to be of value for prevention, as in a very large number of cases in the prodromal stage of measles and whooping cough, the children are not sick enough to be kept home from school and the physician given an opportunity for blood or sputum examination.

It is evident that immediate diagnosis of either disease cannot be depended on to keep out of school, and isolated in the home a child in the early infective period. At the same time the demand is for the protection of the school against infection, and for the protection of the home from the

infection from the school.

Up to the present the only effort that has been made is that made through the Medical School Inspection Law. But, so far, epidemics have come with their usual recurrence, and the death rate of neither disease has decreased.

We must, however, still look to the medical inspector to be the buffer between the infected child and the school. He, or she, can be made this. At present a pair of injected eyes, or a suspicious sound to a cough, is, in the majority of instances, the cause for exclusion from school. But of what use the exclusion then? The measles child has been coughing and sneezing out infection for at least two days; the whooping cough child for at least a week; and when the injected eyes are seen or the suspicious sound heard, the school room is already charged with infection. In some instances the inspector excludes a coughing child from school if there is an epidemic of either disease in the locality. But this is not enough. The susceptibility to these diseases is greater than to any of the others, and it is the first case which must be kept out of school and isolated in the home. Epidemics must be prevented; curtailment is not enough.

The foundation of argument—the practical impossibility of immediate diagnosis; the demand for the prevention of epidemics and for the saving of life; the ineffectiveness of means so far used-will bear the declaration that the method which will meet the demand is a co-operation between the medical inspector and the local board of health; the medical inspector barring out of school every child with a cough, during the season when these diseases occur; the board of health enforcing isolation in the home until measles or whooping cough has been negatived.

Radical! some will say. Yes, but if epi-

demics are to be prevented, health conserved and life saved, the method for reaching these results must be radical. Certainly no one would consent to a child sitting in the school room if it were known to have either disease in the early stage. Why then, take a chance with either infection in this stage, simply because this fact is not known? Loss of school days means ioss of dollars to boards of education; but then, a child's health and life have some value—possibly greater than can be stated in figures.

EFFECTIVE PUBLIC HEALTH ADMINISTRATION.

Will our public health authorities ever perform their full duty by dealing with all contagious and infectious diseases in precisely the same way? This question is being asked by a multitude of people, and the answer is yes, but not under present conditions.

For centuries the human race has been ravished by certain contagious and infectious diseases. They have permeated all classes of society, affecting men, women and children. They have caused sorrow and suffering untold, have been responsible for disablement and death, are a large factor in filling our insane asylums and almshouses, and have brought disgrace and ruin to nations as well as to individuals, and yet they are allowed to go on unchecked. The toll that has been exacted in human life, in suffering, in misery is so great that it stag-

gers the imagination.

The financial burden it has imposed is so great that it is not possible to compute it. In comparison the horror, the loss of life and the vast expenditure of money occurring through the present world war is as nothing. Large sums of money have been and are being expended in an attempt to eradicate tuberculosis. Great alarm is felt, and drastic measures used if there is an outbreak of smallpox. National governments appropriate large sums of money and wage ceaseless warfare on bubonic plague, cholera, etc., while people become panic striken in the face of any serious outbreak of contagious or infectious diseases as before mentioned, and yet comparatively little attention is paid to the great scourge of the ages. Syphilis and gonorrhea are more prevalent than all other contagious and infectious diseases combined. They are responsible for more deaths, and are the cause of more sickness and suffering. They permeate all classes of society, all ages of people, all nationalities. Ubiquitous, ever present, always potent, sure and certain in their reproduction, constant and never failing in their effects, increasingly prevalent, and yet getting but scant attention from those whose duty it is to protect the community.

Why should such things be, and when will public opinion assert itself and demand a rightful protection? These diseases have been known since the thirteenth century, perhaps even before that time. They have been studied carefully, their effects are known, and in a measure they have been controlled, i. e., they have become less virulent under treatment, and in individual cases the disease itself has been cured. Their incidence, however, has not been effected and they are more prevalent to-day than they ever were. We know all about their specific organism, we know how they are propagated, how to tell for a certainty if an individual be infected or not, but none of these things has had the slightest effect upon their continuance. Now what is the remedy, or how can we hope to control veneral diseases? Merciless Publicity affords the only hope. A *Publicity* that stops at nothing short of reporting, and even segregating every case of gonorrhea or syphilis during their acute stage, and keeps them under surveillance until it can be proven that they have been cured.

Our public health authorities must compel the reporting of these diseases. Laws must be enacted which will make it a misdemeanor punishable by fine or imprisonment for anyone to wilfully or knowingly spread them, and any person knowing himself or herself to be infected must not only immediately have proper care and treatment, but must take every necessary precaution to prevent its spread through them. This all sounds utopian, and perhaps impracticable, but would anyone have dared to predict that world-wide prohibition could be accomplished in a comparatively few months?

After peace has been declared and the nations begin to rehabilitate themselves, is it not likely that one of the first things to engage their attention will be the repopulation of their domains? This will focus their minds on the preventable causes of sickness and death, and one of the first things to attack will be contagious and infectious diseases, so that syphilis and gonorrhea, being more potent for harm than all others combined, will undoubtedly receive their first and most careful consideration. But a greater star of hope than this has

arisen, and like the Star of Bethlehem it will bring good tidings of great joy. Wo-man's suffrage will be the solution of this great evil. As women have been the patient sufferers, so will they bring to bear their great influence, and by compelling a fearless publicity they will begin a crusade that will eventually control and overcome these horrible diseases.

With alcohol dethroned, syphilis and gonorrhea overcome, and other factors making for ill health eliminated, our jails and penitentiaries partially emptied, our insane asylums only partly filled, it can truly be said that the millennium surely is dawning.

A. MARCY, IR.

Dr. DAVID ST. JOHN HONORED.

We extend to Dr. St. John our own, and we believe our entire membership's congratulations on the completion of 40 years faithful and sucessful professional work. The Bergen County Society gave a dinner in his honor last month, when President F. D. Gray and Secretary T. N. Gray, of the State Society, delivered addresses. We take the following from the Hackensack Repub-

"The Republican is not alone in the sentiment that the Bergen County Medical Society honored itself in recognizing the merit of Dr. David St. John, of Hackensack, by making him its guest at a dinner. The doctor's forty years of service in the medical profession has won for him an enviable place in the hearts of thousands who have found personal relief or saw dear ones restored to vigor under his skillful treatment. Few people pause to think of the trials of a young physician in a strange community such as Dr. St. John encountered here at his coming. He must study the people, their relationships, preferences, prejudices, religions, individual likes and dislikes; all this to avoid 'striking a snag.' He has to overcome the natural suspicion held against the unherolded stranger, especially in what involves the privacy and the varied delicate relationships of the home. Dr. St. John was the stranger. He proved to be the man and he made the name, as Dr. Thomas Gray so forcibly put it— 'The Man and the Name.' The man proved bimself; the name will remain in local history and tradition as that of one who won his way by honorable conduct and ability in an exacting profession the members of which are too rarely credited for the great good they do for humanity.. Doctor, ich grusse dich.'

We also congratulate Dr. and Mrs. William H. Iszard, of Camden, on their Golden Wedding anniversary which they celebrated April 27, 1915.

May many more years of health, happiness and prosperity be theirs to enjoy.

As promised last month we give special prominence in this month's Journal to the morbidity and mortality of infancy and early childhood. We thank those who have responded to our request for editorial and other matter. The response has been so generous that we have been compelled to defer the insertion of other prepared matter until next month, including excellent reports of the Altantic County Society, the Associated Physicians of Montclair and Vicinity and the Physicians' Association of Hudson County Tuberculosis, Clinics.

CORRESPONDENCE.

On Recent Legislation.

Letter of Dr. H. G. Norton, secretary of the State Board of Medical Examiners to the secretary of the A. M. A. in answer to an inquiry. Trenton, N. J., April 15, 1915.

Dear Sir-Replying to your letter of April 13th, would state that we now have an excellent Medical Bill. The medical profession can not thank Governor Fielder too much for his interest in this matter. Inasmuch, as the Governor only signed the bill within a couple of days we have none printed. I am sending you, however, a reprint of 154, 366 and 183. All of these bills passed and are just, I think. I wish you would endeavor to help us to give the salient points of 154 as much publicity as possible so that medical students may at once be acquainted with the provisions and avoid disappointment at the completion of their medical course. The prominent points of 154 are: A preliminary college course; a new definition of the practice of medicine, and a postgraduate year as hospital intern. A bill licensing Chiropractics and Neuropaths, both vicious bills, were killed, we hope, permanently.

H. G. NORTON, Secretary.

Reply of Secretary Norton of the State Board of Examiners to Inquiries Made by the Editor of the Journal.

Trenton, N. J., April 17, 1915.

D. C. English, M. D., My dear doctor—I am glad to have your letter and will answer to the best of my ability. On some of the points of this letter 1 am not sure and want to consult the Attorney-General before publishing the law. Will you kindly send to Chas. L. Waterbury, Assistant Bill Clerk, New Jersey Senate and ask him for copies of 183, 366, 154, all of which passed. You might also ask him for copies of 83, 364, 307, 94, 31, all of which Dr. Costill and his committee were able to have defeated. $\ensuremath{\mathsf{I}}$ would be glad to send you these but I have only working copies left in my hands.

A doctor from another State sojourning here has no right to practice in New Jersey without a New Jersey license. Of course, this does not interfere with a doctor from another State visiting a patient in this State, providing, he does not maintain an office here or advertise to see people in New Jersey, nor does

it prevent consultations.

Under the new law a druggist has no right

to prescribe for a patient nor diagnose his ailment. The exemptions as to pharmacy in the new law are precisely as in the old, for which see Section 9. If you carefully read this section in the new law, which is a copy of the old in this respect, no person has a right to practice Electro-Therapeutics unless graduated from a regularly incorporated school of Electro-Therapeutics prior to 1894. The wording in this respect is obscure but only such people who had been continuously giving electricity fourteen years prior to our medical act in 1894, i. e. 1880 are allowed to practice Electro-Therapeutics. There are a lot of men and women running around with little batteries who should, and I trust will be stopped.

Another important feature of this blll is the placing of prosecutions in the hands of the Attorney-General instead of the Prosecutor of Pleas. The experience medical men have had with the Prosecutors has been that they will not act or prosecute. Under this act the Medical Board may report any cases which seem to be an infraction of the Medical Act to the Attorney-General, whose business it will be to look up the evidence and prosecute. Any society or individual physician can likewise report to the Attorney-General but they must furnish evidenc of the infraction of the Medical Law. We hope this will be a considerable advantage to the public in enabling us to weed out the quacks

Of course a nurse has no right to diagnose or treat a patient unless under the direction of a physician. Her great field is to hunt out and record symptoms and changes in a discase and so help the physician to accurately

diagnose and treat his patient.

This act will probably make it necessary for the board to rate or standardize hospitals in this State so that their work will be up to a certain standard, as the nurses now do under their act, otherwise, a man might spend a year as an intern in a hospital and find that his hospital is sub-standard and that he will not be able to be indorsed to a State requiring hospital internship. I think, it will be necessary for the Pennsylvania Board, the Nurses' Board of this State and our board to get together and go over this matter.

H. G. NORTON, Secretary.

NEW JERSEY HEALTH DEPARTMENT.

The bill organizing this department having been passed by the Legislature and signed by the Governor; the Governor has appointed the following as members of the Board:

Physicians-Drs. Edward A. Ayres, J. Oliver McDonald, Henry Spence; Civil Engineers —Moses N. Baker, Clyde Potts; Veterinarian— Dr. Edward R. Voorhees; Laymen—William H. Chew, Oliver Kelly. They serve without Most of them are active and influential members of the New Jersey Sanitary Association, are versed in sanitary science and have had experience in its practical application. Much of the success of the department will depend on the ability and tact of the Director of Health whom they elect, who will receive \$5,000 per year, devoting his entire time to the

Do not forget to read our advertising pages and patronize the firms that favor us.

Vivisection Bill Passed.

The Colgate vivisection bill, Senate 108, passed both Houses of our Legislature and the opponents asked the Governor for a public hearing before he acted on it. The bill amends the act for the prevention of cruelty to animals enacted in 1880, so as to permit animal experimentation for the purpose of prevention and cure of disease in men or animals, which experiments shall be performed only under the authority of the State Board of Health. empowers the State Board of Health to authorize such animal experimentation by agricultural stations and schools maintained by the State or Federal government, medical societies, universities, colleges and philanthropic institutions. It is understood that the real purpose of the bill was to permit the establishment of a vivisection institute in this State under the direction of the Rockefeller Foundation.

The public hearing before the Governor was held April 5th. The advocates of the bill were introduced to the Governor by former Assemblyman Henry D. Thompson, of Princeton. The principal speakers in favor of it were: President John G. Hibben, of Princeton University; President Demarest, of Rutgers College, New Brunswick; Dr. Simon Flexner, of New York, representing the Rockefeller Institute; Dr. Alton S. Fell, Health Officer of Trenton; Dr. R. B. FitzRandolph, of the State Board of Health, and Dr. Henry A. Costill, of Trenton, representing the State Medical Society.

These speakers all claimed that there was a necessity of animal experimentation for sake of human welfare, and that this was a safe bill because it placed the matter under the control of the State Board of Health.

Those who argued against the Governor signing the bill were: Ralph Wescott, son of the Attorney General; Fredrick Bellamy, of Brooklyn, and Dr. Jayne, of Lakewood. The demonstration against the bill was led by the New Jersey Vivisection Investigation Society, which had a delegation present, led by Dr. James Corlies, of Newark, president, and some women representing that and other Anti-Vivisection societies.

The Governor subsequently signed the bill. On April 15, the Rockefeller Institute for Medical Research of New York, was authorized to transact business in New Jersey, when a cer-tificate to that effect was signed by Secretary of State Thomas F. Martin. The registered office of the institute in this State is at 243 Washington street, Jersey City.

The institute filed with its application a copy of its charter, setting forth that it is to assist and encourage investigations in hygiene, medicine, surgery and allied subjects, and to conduct scientific experiments on plants and animals in the prosecution of its research work. Frederick T. Gates is president and Starr J. Murphy secretary of the institute.

The certificate of authority issued has no bearing upon the authority to be obtained

from the State Board of Health, under the bill of Senator Colgate, permitting the bureau of animal research to be installed in New Jersey.

Dr. Johnson turned upon one of his flatterers once and addressed him thus: "Sir, you have but two topics-yourself and me. I am sick of both!"

Charities and Correction Conferences.

The forty-second annual meeting of the National Conference will be held at Baltimore, Md., May 12-19, 1915.

The fourteenth annual meeting of the New Jersey Conference was held at New Brunswick, April 25-27, 1915.

Vaccine Against Typhus Fever.

At a meeting of the New York Pathological Society on Wednesday, April 24, it was announced that a vaccine against typhus fever had been prepared by Dr. Harry Plotz, the discoverer of the typhus bacillus (B. typhi exanthematici), and that Dr. Hans Zinsser and others who recently left New York to fight the typhus epidemic in Serbia had been inoculated with the vaccine before sailing. Dr. Plotz was born in Paterson, N. J., about 25 years ago; he graduated from the College of Physicians and Surgeons, New York City, and entered the pathological laboratory of the Mt. Sinai Hospital.

More Cigarette Legislation.—A bill has been introduced into the Wisconsin legislature providing that no education institution of any kind which is supported in whole or in part by public money shall employ a teacher who smokes cigarettes, and that no such institution shall grant a diploma or certificate of education to any one who smokes cigarettes.

The Ancient Practitioner.

The high esteem in which the physician was held is proved by the beautiful words of Jesus, the son of Sirach (180 B. C.), Ecclesiasticus (R. V.), chapter xxxviii: ,

"1. Honor a physician according to thy need of him with the honours due unto him:

- .For verily the Lord hath created him. 2. For from the Most High cometh healing:
- And from the King he shall receive a gift.
- 3. The skill of the physician shall lift up his head:

And in the sight of great men he shall be admired.

4. The Lord created medicines out of the earth;

And a prudent man will have no disgust at them.

5. Was not water made sweet with wood, That the virtue thereof might be known?

. And he gave men skill,

That they might be glorified in his marvellous work."

-Neuburger, History of Medicine.

Editorials from the Lay Press.

Infant Mortality-Why?

From the Lancet-Clinic, Cincinnati.

A few days ago a young couple fed their only child of three years of age some chopped ham with mustard, of which he partook heartily. With what knives or other tools the ham was chopped, or of the ingredients of the pot of mustard the parents were unaware, although our old common law holds caveat emptor. The previous history of the case revealed convulsions at intervals, from infancy on, whenever an indiscretion in diet was indulged In. Otherwise the child was healthy and free from

infection. Twelve hours after the ingestion of the ham and mustard the little fellow was ill with marked dyspnea, with normal lungs, heart, larynx and pharynx. As the syndrome developed paralysis of the diaphragm and intestinal tract became evident. It was impossible to empty the bowels either with cathartics or enemata, and the toxic dyspnea went on through twenty-four long hours to exhaustion and death.

Now, this was an unnecessary death, just as unnecessary as a death from typhoid fever and just about as easy to prevent as deaths from typhoid now are. The mother of this child, whose grief was almost pitiful to see, was the average girl product of our American public school system. In her school days and they were recent, it must have been obvious that she was a probable future American mother. and yet she was taught reading, writing, arithmetic, a little history, and the grammars of two or more languages, and nothing whatever about the physiology of the reproduction of her kind and the care and feeding of her own young, which would have been vocational training of the most valuable kind, a kind far transcending in importance that which now agitates pedagogues and manufacturers. vancing civilization has lifted the human animal out of the realm of instinct. Cows, mares, rabbits, and the like can trust to instinct to guide them in the selection of the simple foods for their young, but the human female needs and must have instruction before she can choose with any reasonable degree of intelligence between food and poison in the interminable lists of alleged edibles offered by men of no education and less scruple to whoever may be fool enough to buy. If it is the duty of the State to safeguard the life of the individual citizen, it is imperative that it instruct those who are to bear and rear the young of the nation in the care of their own bodies and the care of the bodies of those tender infants who are some day to be the men and women of the nationmen and women who will make the world worth while and exhibit intelligence directed toward worthy ends.

Baby Figures—Baby Farms, Newark Evening News, April 14.

Measures toward securing a more nearly complete registration of births in Newark were taken by the Board of Health at the same meeting at which it passed on first and second reading a proposed ordinance for the regulation of "baby farms." Between these two acts there is no direct connection, yet both are calculated to work for infant welfare.

Efforts to reduce mortality in children depend greatly for their success on statistics of births, with which mortality figures may be compared. It is the duty of the community to guard the health and the well-being, so far as can be done, of children who must live in foster homes. A bill providing penaltics for failure by local boards of health to prosecute doctors and midwives who do not report births has passed the House of Assembly. Another bill, permitting local boards of health to assume control of "baby farms," has been signed by the Governor. So the action of the Board of Health is in line with passed or proposed legislation of this year.

For some years it has been possible for lo-

cal boards of health to prosecute obstetrical practitioners for failure to make report of births, but many physicians have ignored it and health officials for one reason or another have failed to call them to account. The bill now in the House would make prosecution mandatory. The local Board of Health, by warning physicians that they must obey the law in order to escape paying fines of \$50 each for failure to report births, has served notice that hereafter carelessness or indifference as to this important matter will not be tolerated.

The "baby farm" problem in Newark is not a serious one. There are a few such institutions, where infants are taken to board, but it has not been difficult for the Board of Health, under what may be called unwritten authority, to keep an eye on them. Some time ago bad conditions were found in a house where a large number of colored babies were kept as boarders and the Board of Health speedily cleaned the establishment up. Under the proposed ordinance a written license will be necessary before one of these boarding-houses for babies can be opened and a fine is the penalty for violation of any of the law's provisions. "Baby farms" should by all means be under strict supervision, and any power the Board of Health may be given in controlling them will not be excessive.

Marriages.

ELWELL-WHITAKER.—At Bridgeton, N. J., March 20, 1915, Dr. Alfred M. Elwell, of Camden, N. J., to Miss Helen Robbins Whitaker, of Bridgeton.

MEEKER - CARPENTER.—In New York City April 8, 1915, Dr. Irving Avard Meeker, of Upper Montclair, to Miss Elizabeth Carpenter, of New York.

Deaths.

GIBNEY.—In New York City, February 16, 1915, Dr. Homer Gibney, aged 55 years. Dr. Gibney was one of the best known orthopedic surgeons of New York; he was consulting orthopedic surgeon of the Somerset Hospital, Somerville, N. J. At a meeting of the Medical and Surgical Staff of the Somerville Hospital held last month, the following minutes was unanimously adopted:

The medical and surgical staff of the Somerset Hospital of Somerville, N. J., having learned of the death of Dr. Homer Gibney, the consulting orthopedist of this hospital, desire to express and record their sympathy and their appreciation of his personal character to his surviving relatives.

Dr. Gibney was always devoted to the interests of this hospital, always ready to give his time and services to suffering humanity.

Every member of the staff feels a sense of personal loss and deplores the untimely end of a brilliant carcer.

C. R. P. Fisher, M. D., B. F. Seaman, M. D., Committee.

JACOBY.—At the Elizabeth General Hospital, April 9, 1915, Dr. Max Jacoby, of Roosevelt, N. J., aged 31 years, of pleuro-pneumonia. He was born in Hungary. He graduated from the New York University.

Personal Notes.

Dr. Edward J. Ill, Newark, addressed the Fortnightly Club of Summit recently on "The Hopeful Aspect of Cancer"; Dr. W. H. Lawrence, Jr., of Summit, spoke on Summit's milk supply.

Dr. Henry L. Coit, Newark, addressed the young men and women in the Temple B'nai Jeshurau, April 21, on medicine as a life's

vork.

Dr. William E. Ramsay, Perth Amboy, Senator of Middlesex County, has been appointed by Governor Fielder as a member of the State Water Supply Commission. Our congratulations.

Dr. Frederick S. Hammond, Trenton, of the State Hospital Staff, has been seriously ill with meningitis. We are glad to report him much better.

Dr. Noble H. Adsit, Succasunna and wife, entertained the Evening Club at their home on the evening of April 3rd.

Dr. Lewis G. Burd, Ogdensburg, spent a few days visiting at East Stroudsburg, Pa.

Dr. Alice B. Condict, Orange, addressed the Orange W. C. T. U. last month on "The Relation of Alcohol to the Brain and Nervous System."

Dr. Frank W. Curtis, Stewartsville, had a narrow escape as his touring car was struck by a train recently. He jumped from the car just before it struck.

Dr. John C. Felty, Trenton, first assistant physician of the State Hospital, has sent in his resignation to take effect September 18 next. Dr. Felty has been connected with the institution for twenty-five years and is very highly regarded.

Dr. Rudolph W. Gelbach, Hoboken, was sworn in last month as foreman of the Hudson

County Grand Jury.

Dr. Luther M. Halsey, Williamstown, has started a movement to raise funds for the family of Prof. Van Gehuchten, a famous physician of Louvain, Belgium, who died as a result of the war, leaving his family in need of financial aid.

Dr. Charles A. Knox, Ridgefield Park, who has been enjoying a brief vacation has returned home.

Dr. Josiah Meigh, Bernardsville, had a severe attack of tonsilitis last month.

Dr. Ephraim Morrison, Newton, who was quite ill recently, is reported as recovering.

Dr. Henry H. Sherk, Camden, and wife, who have been spending some weeks in Florida, have returned home.

Dr. John V. Shull, Perth Amboy, has been appointed by the Governor as health officer of the port of Perth Amboy.

Dr. William R. Ward, Newark, gave an illustrated lecture on "A Trip Through Egypt" to the Men's League of the Fifth Avenue Presbyterian Church, Newark.

Dr. John H. Winslow, Vineland, was called to Manchester, N. H., last month, by the death of his mother-in-law.

Dr. Wallace H. Iszard, Camden, and wife, celebrated their Golden Wedding anniversary April 27th. The same day was the doctor's birthday anniversary.

Dr. James B. Griswold, Morristown, is recovering from an operation for mastoiditis and an attack of spinal meningitis, a rare case of association of those two diseases.

Dr. Charles H. Holcombe, Trenton, has been appointed by the Chancellor, receiver of the New Jersey Steel Co., of Rahway, N. J.

Dr. Oscar A. Mockridge, Newark, and wife spent a few days last month in Washington.

Dr. Harry Vaughan, Morristown, was elected last month president of the Morristown Prohibition Alliance and delivered an address.

Dr. Norton L. Wilson, Elizabeth, is one of

the Police Commissioners of that city.

Dr. Elton S. Corson, Bridgeton, recently gave an ilustrated address on temperance at the Central M. E. Church, of that city, recently.

Dr. Alfred Cramer, Camden, and wife are receiving congratulations upon the birth of a.son.

Dr. Lancelot Ely, Somerville, and wife spent a few days in Dover, N. J., last month.

Dr. Victor Mravlag, Elizabeth, has recently lost a son, a lawyer, 38 years of age, after a brief illness,

Dr. Asher T. Applegate, Englishtown, and Drs. Harry E. Shaw and James Chasey, Long Branch, are members of the Monmouth County Grand Jury for the present May term.

MEDICAL EXAMINING BOARDS' REPORTS.

Examined, Passed, Failed. 13 Dist. of Columbia, Oct. 8 5 Florida, December ... 55 39 16 Idaho, October 6 6 14 0 Indiana, January 14 Kansas, October Minnesota, January ... 5 Nebraska, November. 11 South Carolina, Nov.. 36 2.0 Texas, November 29 Utah, January - 8 8 0 Virginia, December .

Shortage of Medical Men in England.

The Medical Press and Circular, London, says that war has already absorbed a large proportion of what may be termed the floating section of the medical profession—that is to say, those of its members who are not engaged in private medical practice or in one of the public services. Many newly qualified men are residents in hospitals, where they gain a valuable insight into professional work. Others of various ages act as assistants or do locum tenens work. Naturally many of this class have joined the army as surgeons on the comparatively liberal terms offered for service during the war-namely, 24 shillings a day, with allowances, and £60 grant at the end of the term of service. In addition not a few practitioners have thrown up their work and gone to the front. A large number of hospital surgeons have followed their example, with the result of a serious dislocation of medical practice throughout the Kingdom. Before the war there was a shortage of medical men, a deficiency that has now been seriously aggravated. Many asylums, poor law infirmaries and voluntary institutions are at their wits' end to find resident medical officers to carry out their routine work.

Public Health Items.

To Keep a Baby Well.

1. Give it pure air day and night.

- 2. Give it no food but mother's milk, milk from the bottle, or food directed by the physician.
- 3. Whenever it cries or is fretful, do not offer it food, but give it water.
- 4. Be sure that it gets enough sleep, at least two naps during the day.
 - 5. Do not put too much clothing on it.
 - 6. Bathe it in a tub every day.7. Don't handle it; let it alone.

How to Take Care of Babies During Hot Weather.

To care for babies and to prevent diarrhea, sickness, and death, the Health Department

recommends the following rules:

A baby needs fresh air when awake, when asleep, both day and night. Do not allow the

asleep, both day and night. Do not allow the baby to remain in a close room, or in a room where you are washing or cooking. Take the child out-of-doors in the early morning. Do not let the sun shine in the baby's eyes. Keep the baby out-of-doors on hot nights.

Keep your house clean and well aired. In

Keep your house clean and well aired. In very hot weather keep the doors and windows open day and night. Always keep a window open in the baby's sleeping room. Do not allow slops or soiled diapers to remain in the room.

Rules for Siek Babies.

If a child becomes sick in hot weather, take off all its clothes except the diaper, and put on a night dress. If its skin is hot, wipe it all over with cool water several times and do not wipe it dry; let the water evaporate and thus carry off some of the heat. Give it all the cool water it will drink.

If it vomits, and this it usually does, do not give it any food; give it water. Do not give it any medicine but put some lime water in a glass and give it a teaspoonful every hour until the physician comes. It it should have a convulsion, put it in a warm bath, pour cool water on its head, and give an injection of soap and water. Nothing but harm can be done by giving a child cordials or teas, or anything to stop it from vomiting or to stop its diarrhea. A child vomits and has diarrhea because something, either some sour or dirty milk, or some food that it cannot digest, has been taken into its stomach, and it vomits and has diarrhea because it is trying to get rid of the food that is making it sick.—N. J. Cong. of Mothers' Eulletin.

Preventogram.—Good food, well chewed, is better than much food quickly bolted.—Buffalo Sanitary Bull.

The Smallpox Epidemic in Millville,

The vigorous methods to check the spread of smallpox at Millville have been successful after the occurrence of about seventy-six cases.

Compulsory Vaccination Bill Approved.—Governor Whitman has signed the Tallett bill which makes vaccination compulsory in cities of the first and second class in both public and

parochial schools. Hitherto vaccination was compulsory only in the public schools. The blil also provides that whenever there is an outbreak of smallpox in third class cities and trural communities the school authorities shall be directed to bar all unvaccinated pupils.

Dr. Samuel G. Dixon, State Commissioner of Health of Pennsylvania, announces that the State Department of Health Laboratory will hereafter make the Wassermann test free ophysicians of the commonwealth.

Preventogram.—It is better to isolate a suspicuous case, that does not develop a communicable disease, than to expose many persons while the nature of the illness is in doubt.—Pittsburg City's Health.

Crime and Disease.—I would not want to say to-day absolutely and outright that crime and dlsease are synonymous. I should have no hesitancy in saying that every criminal is abnormal in some part of his physical being; that all criminality has a physiologic basis.

-Vaughan, Wis. Med. Jour.

The Linen Towel from a Sanitary Standpoint.

Dr. R. C. Rosenberger, at a recent meeting of the Pathological Society of Philadelphia, presented a paper on the above subject. Examinations were made of towels from varying sources, as the ordinary kitchen after a day's use, from different individuals in hospital and out, as the linen came from the laundry, after use by tuberculous subjects and by patients suffering from various diseases of the skin. From the clean linen only shreds of fiber were obtained, while from the others all kinds of dirt, as well as specific bacteria and other germs in the respective cases, were found.

New Jersey's Health Condition.

Favorable health conditions in New Jersey as a whole and in the various cities of the State are indicated in a public health report just issued by the United States Public Health Service. The report gives figures for February in the State and for the week ending March 6 in the cities.

In figures under the heading "Prevalence of Disease," diphtherla, scarlet fever and typhoid fever took the lead in New Jersey for February, showing 668 cases of diphtheria out of 2,237 reported by nine States and the District of Columbia; 546 cases of scarlet fever out of 2,808 in the same area, and forty-four cases of typhoid out of 503 in the same territory. No pneumonia was reported by any city in the State for the first week in March, while other cities in the country reported 559 cases.

New York's Death Rate.—The mortality in Greater New York for the week ending March 6 was noteworthy by reason of the extreme low point reached by the death rate, namely, 13.91 per 1,000 of the population. This is an unprecedently low figure for this season of the year. The death rate for the first ten weeks of this year was 13.90 for 1,000 of the population, against 15.41 for the corresponding period in 1914, a decrease of 1.51 of a point.

Life Saving in New York State.—The State Charities Aid Association says that a saving of more than 2,000 lives in the State outside of New York City is indicated by the decrease of five points in the death rate, from 15.8 per 1,000 population in 1913 to 15.3 in 1914. These figures are based on the United States Census estimate of population. This was the lowest rate in the history of the State, and the State Department of Health declares that 25,000 persons can be saved from death by improved hygiene in New York State within the next five years.

The North Carolina Board of Health has issued a card of about 4 by 6½ inches on which is printed in capital letters the following:

If you Spit on the Floor at Home, Spit on the Floor here. We want you to Feel Perfeetly at Home Here.

State Board of Health, Raleigh, N. C.

Sanitation at Home.—It is a curious fact, and one by no means gratifying to our national pride, that when we wish to illustrate the value of modern sanitary laws and regulations we draw our most striking illustrations from outside the United States proper. For instance, modern sanitary science backed up by wise sanitary laws and sufficient authority to enforce these laws has abolished yellow fever in Cuba and the Canal Zone, has controlled largely the ravages of hook-worm in Porto Rico and has isolated and controlled leprosy in Hawaii and the Philippines.—W. F. King, M. D., in Jour. Indiana State Med. Assn.

Stamping Out Tuberculosis.

"What the eye doesn't see the heart doesn't grieve for" will certainly continue to be the rule until the basic principles of microbic disease are thoughly imbued in the public mind. No wonder a physician was told the other day by the wife of his consumptive patient, when he protested against expectoration upon the floor, "Never mind, doctor, I always rub it under my foot this way to kill the germs."

--Medical Brief.

Public Responsibility and Tuberculosis.—In all talks to laymen the health officer should try to imbue his hearers with his own enthusiasm and devotlon to the tuberculosis cause. He should tell them that tuberculosis is not merely a medical disease, but that it has a very large social aspect. Bad housing, overcrowding, dangerous congestion, and even underfeeding exist, alas, not only in our large but also in smaller communities. Wealthy and influential citizens should be shown what great good they can accomplish by becoming interested in the amelioration of such conditions are conducive to the spread of tuberculosis. They will themselves benefit in the end from a clean and healthy commu-Personal service to the consumptive poor, and kind, generous, and considerate actions towards those afflicted with tuberculosis, rich and poor alike, will create a better and more helpful feeling throughout the community.-S. Adolphus Knopf, Public Health Reports.

The Indiana State Board of Health asserts that it has investigated practically every free lunch counter in the saloons of the State, a treinendous undertaking surely. As a result of its recommendations the legislature has abolished the free lunch counters.

State Health Commissioner Hurty Honored. -The most notable assembly of physicians in Indiana for many years was at the Claypool Hotel, Indianapolis, March 13, in honor of the nineteenth anniversary of the appointment of Dr. John N. Hurty as State health commissioner. Governor Samuel R. Ralston was the toastmaster. An address was made by Thomas R. Marshall, vice-president of the United States, who presented an elaborate vase to Dr. Hurty from his friends in the profession. Dr. Alexander R. Craig, secretary of the American Medical Association, Chicago, spoke on the "American Medical Association and Sanitation"; President William E. Stone, of Purdue University, Lafayette, spoke on "Health a Great Asset of Life"; Dr. Victor C. Vaughan, Ann Arbor, Mich., President of the American Medical Association, on "The Well-Born Child and the State"; other prominent men spoke.

Legal Record of Births .- The registration of a child's birth forms a legal record that is frequently useful and may be of the greatest importance. It establishes the date of birth and the child's parentage and legitimacy. It may be required to establish the child's age for attendance at public schools, for permission to work in States where children below a certain age are not allowed by law to be employed; to show whether a girl has reached the age of consent, whether individuals have attained the age when they may marry without the parent's permission; to establish age in connection with the granting of pensions, military and jury duty and voting. It may be necessary in connection with the bequeathing and inheritance of property or to furnish acceptable evidence of genealogy, and, in fact, may be important and useful in possible events too numerous to mention.-John W. Trask.

Sanitary Improvement in Toronto.

In 1912 a house-to-house-inspection revealed 17,181 yard privies in Toronto, Canada. In December, 1914, there were only 4,890. In two years the Department of Health abolished 12, 291 privies, a very satisfactory record and one probably unique on the continent of America. The general death rate for Toronto in 1914 was lower than that attained in any American or British city in 1913, being 11.2, while that for 1913 was 12.9. The improvement in the death rates in Toronto from typhoid fever. scarlet fever and diphtheria is seen in the following statistics: In 1910 the death rate per 100,000 in the above order was 40.9, 23.8, 42; in 1914 it was 7.7, 6.6, 16. This shows an improvement percentage of 81, 72, 62. Altogether, Toronto had 594 fewer deaths than in the previous year. Ordinarily it is customary to give credit for such work to the health departments: but in Toronto, a chiropractor rushes into public print to state that the reason lies in the fact that Toronto is blessed with more chiropractors than any other city in America, and that diseases are, therefore, more quickly cured. Where do the osteopaths, neuropaths and the Christian Scientists come in as regards this great preventive work?

—A. M. A. Jour.

The Royal Sanitary Institute of England had a conference in March when infant life protection occupied most of the discussion. Dr. Brindley, Medical Health Officer for Derby, said public money had too long been spent at the wrong end, providing hospitals and other aids for the old instead of preserving life at the beginning. Health reformers were beginning to realize this. Colonel Kenwood, professor of hygiene at the University, urged that new energy and special services were called for to compensate for the tremendous wastage now occurring.

Health Conditions in the Canal Zone.-The report of Lieut-Col. Charles F. Mason, chief health officer of the Canal Zone, for January, shows that during that month there were on the rolls 35,618 employees. The total number of admissions to hospitals and quarters was 988, giving a rate of 332.87 per thousand as compared with 331.27 for December and 519.62 for corresponding month of last year. The total number of deaths from all causes was 17. Of this number 13, or 4.38 per thousand, died from disease, as compared with 3.64 for the preceding month and 4.87 for January, 1914. The constantly non-effective rate was 10.11 as compared with 10.57 for the preceding month and 15.19 for January, 1914. The total admission rate for malaria in hospitals and quarters was 56.94. There were no typhoid cases and no cases of yellow fever, smallpox or plague, either originating in or brought into the zone.

Traditions and Superstitions Regarding Health .- How many people believe that gold wedding rings rubbed on the eye will cure That green apples cause colic? earrings improve sight? That a copper wire round the waist prevents rheumatism? That only nasty medecines cure? That whiskey is good for pretty nearly any ailment? That the moon affects lunatics? That tuberculosis is hereditary? That measles is inevitable? That typhoid comes from dead weeds or fish in drinking water? That red flannel (must be red!) is good for sore throats? That sewer gas is poison? That smallpox can be telephoned from one person to another? That mosquitoes come from decomposing leaves? That malaria is due to night-air? That robust people do not have smallpox? That scarlet fever scales are infectious? That raw beef-steak is good for a black eye? That drinking cow's blood fresh and warm cures consumption? That if medicine is good for sick people, it must be still better for well ones? That eating turnips makes one brave? That onions cure or prevent smallpox? That dead bodies necessarily breed a pestilence? That rusty nails produce tetanus (lockjaw)? These and many more like myths make up the fragmentary creeds on health that we have inherited.

-Minnesota Public Health Association.

STATE BOARD OF HEALTH.

From the March, 1915, Statement.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending March 10, 1915, was 3,128, a decrease of 625 from the previous month. By age periods there were 529 deaths among infants under one year, 217 deaths of children over one year and under five years, and 1.071 deaths of persons aged sixty years and over.

Practically all causes of death show a decrease, the most noticeable is suicide, the figures for this month being 35 and for the previous month 51, a decrease of 16. Deaths from typhoid fever are lower than for any monthly period since 1908 with one exception. The following shows the number of certificates of deaths received in the State Bureau of Vital Statistics during the month ending March 10, 1915, compared with the average for the previous twelve months, the average in each case being given in parenthesis:

Typhoid fever, 8 (18); measles, 12 (18); searlet fever, 9 (19); whooping cough, 14 (23); diphtheria, 57 (52); malarial fever, 2 (1); tuberculosis of lungs, 318 (311); tuberculosis of other organs, 45 (47); cancer, 168 (187); diseases of nervous system, 280 (281); diseases of circulatory system, 567 (519); diseases of respiratory system (pneumonia and tuberculosis excepted), 291 (207); pneumonia, 277 (246); infantile diarrhoea, 52 (189); diseases of digestive system (infantile diarrhoea excepted), 149 (198); Bright's disease, 261 (254); suicide, 35 (42); all other diseases or causes of death, 583 (700); total, 3,128 (3,312).

Reports of Communicable Diseases.

The total number of cases of communicable diseases reported during February, 1915, was 2,724, a number 117 in excess of the number reported during February, 1914.

Typhoid Fever—Fourty-four cases of typhoid, fever were reported. No cases were reported from Cape May, Gloucester, Ocean, Passaic Somerset and Sussex Counties. Diphtheria—Six hundred and sixty-eight cases of diphtheria were reported, some having been received from every county except Sussex. Hudson reported 224, Essex 182, Passaic 54, Union and Camden each 31, Middlesex 29, Mercer 25 Bergen 20. Scarlet fever—The number of reported cases of scarlet fever was 546. Reports were received from every county in the State except Cumberland. Essex reported 122 cases, Hudson 222, Passaic 48, Bergen 34.

Tuberculosis—Six hundred and fifty cases of tuberculosis were reported. Essex reported 174 cases, Hudson 176, Camden 44, Union 43, Passaic 33, Mercer 31, Morris 24.

Laboratory of Hygiene Report.

Specimens for bacteriological diagnosis examined:

Specimens examined from suspected cases of diphtheria, 1,709; tuberculosis, 722; typhoid fever, 201; malaria, 28; miscellaneous specimens, 111. Total, 2,771.

Division of Foods and Drugs.

During the month ending March 31, 1915, 352 samples of food and drugs were examined in the State Laboratory of Hygiene; the fol-

lowing were found to be below standard: 22 of the 143 of milk, 3 of the 17 of butter, 14 of the 42 of lemon extract. 1 of the 13 of almond extract, 5 of the 6 of orange extract, 6 of the 43 of vanilla extract, the 2 of Hamburg steak, the 4 of pork sausage, the one of family medicine, 25 of the 53 of spirits peppermint, 1 of the 5 of spirits wintergreen.

Three hundred and ninety-two specimens of cysters were examined during the month.

Thirty-one samples of water relating to oyster work were examined during the month.

Bureau of Creamery and Dairy Inspection.

During the month 313 inspections were made as follows: 63 dairies, 80 creameries, 9 milk depots, 181 ice cream factories. Number of dairies scoring above 60% of the perfect mark, 31; dairies scoring below 60% of the perfect mark, 32.

The regular inspection of dairies was temporarily suspended on account of the continuance of foot and mouth diseases during the early part of the month. The 63 dairies mentioned above were visited for the purpose of disinfecting premises in which tubercular animals had been housed and slaughtered, or for inquiring into suspicious cases of improper milk handling.

Water and Sewerage Division.

The following samples were analyzed in the water laboratory: Public water supplies, 139; private water supplies, 14; State institution water supplies, 4; bottled water supplies, 2; miscellaneous water samples, 1; ice samples, 2; sewage samples, 26; trade wastes, 1; miscellaneous samples, 4. Total, 193.

Inspections: 23 water supplies and water purification plants were inspected; 4 inspections were made on watersheds; 62 sewage disposal plants and sewerage systems were inspected; 10 special investigations were made of wastes; 5 stream inspections were made.

NEW AND NON-OFFICIAL REMEDIES.

During March the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-Official Remedies.

Radium Chemical Co.: Standard Radium Solution for Bathing. Standard Radium Solution for Drinking. Standard Radium Earth. Standard Radium Compress.

The Franco-American Ferment Co.: Lactobacilline preparations: The Lactobacilline preparations now being advertised direct to the public the Council has voted that their acceptance be rescinded and that these products be omitted from New and Non-Official Remedies. A report explaining this action has been authorized for publication.

Since publication of New and Non-Official Remedies, 1915, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies".

Cholera Serobacterin, Mulford (Sensitized Cholera Vaccine).—Marketed in packages of three syringes. H. K. Mulford Co., Philadelphia.

Meningo-Scrobacterin, Mulford (Sensitized Meningococcus Vaccine).—Marketed in packages of three syringes. H. K. Mulford Co.,

Philadelphia

Typho-Serobacterin Mixed, Mulford (Sensitized Typhoid Vaccine).—Packages of three syringes containing graduated mixtures of killed sensitized bacillus typhosus, killed sensitized bacillus paratyphosus A, and killed sensitized bacillus paratyphosus B. H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., Mar. 13, 1915, p. 909).

ARTICLES NOT APPROVED.

Kennedy's Pinus Canadensis.—The physician who is competent to treat a case of gonorrhea does not need to be told that alum and zinc sulphate may be useful in such conditions, and he does not want them palmed off on him for something else under the name of Pinus Canadensis, Light, Abican or what not. Also, he prefers to use them when they are needed singly and in strength suited to the conditions of the undividual case.

It is almost a work of supererogation to discuss the therapeutic claims made for preparations sold under false pretenses as to composition. It is enough to mention that Kennedy's Pinus Canadensis, Dark or Light is recommended in Albuminuria, diarrhea-dysentery, fetid perspiration, endometritis, fissures, fistula, gonorrhea, hemorrhage from the nose, uterine hemorrhage, leucorrhea, nasal and pharyngeal catarrh, piles, sore throat, ulceration of the cervix.

May's Epilepticide. Says May of his nostrum: "It is not poisonous; contains no narcotics—no morphin, opium, cocaine or belladona such as are ordinary used in other remedies for Epilepsy, and are so destructive to health."

What are the facts: It is poisonous; it does contain a narcotic; it is essentially just such a mixture as is ordinarily sold as an "epilepsy cure" and it is destructive of health. In short, the May epilepsy "cure" is foisted on sufferers under claims that are either directly or inferentially misleading and fradulent and when purchased the victim has obtained what is essentially a bromid mixture having all the dangers—and limitations—of such a mixture. No wonder "patent medicine" fakers are opposed to the declaration of their formulas! It would sound the death knell of their business.

Peacock's Bromides and Chionia. In Peacock's Bromides and Chionia the Peacock Chemical Company has, for a third of a century, been foisting on the medical profession nostrums composed of drugs that are easily combined in any proportion that the physician may want to prescribe. The company has been inflicting on the unthinking physician pseudoscientific rubbish in the form of advertising literature that should long ago have been regarded as an insult to the intelligence of the medical profession.

The best modern clinical teaching concerning the treatment of epilepsy is that bromids should be avoided except as a last resort. Bromids do not cure, and the amount necessary to control the convulsions may produce a degree of mental hebetude that is a greater evil than the disease itself.

It is recommended that the preparation be held ineligible for admission to N. N. R., be-

cause of its conflict with Rules 1, 4, 6 and 10 of the Council, and that this report be published.

Books Received.

All books received will be mentioned by title with the naines of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

- A Practical Treatise on Diseases of the Skin. By Oliver S. Ormsby, M. D., Professor of Skin and Venereal Diseases in the Rush Medical College, Chicago. Octavo, 1168 pages, with 303 engravings and 39 plates in colors and monochrome. Cloth, \$6.00, net. Lea & Febiger, Publishers, Philadelphia and New York.
- The Practical Medicine Series, comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in Northwestern Univ. Med. Sch.

Vol. I. General medicine, by Frank Billings, M. S., M. D., head of the Medical Department of Rush Medical College, and J. H. Salisbury, A. M., M. D., Professor Medicine, Illinois Post Grad. Med. Sch. Series, 1915. The Year Book Publishers, 327 S. La Salle street, Chicago.

A Reference Book on the Federal Narcotic Law (Hanson Act) for Physicians, Druggists, Dentists and Veterinarians by Albert Dean Currier, of the Chicago Bar and Daniel R. Forbis, late with the U. S. Board of Food and Drug Inspection. Price, 25 cents.

Reports, Reprints, Etc., Received.

Forteenth Annual Report Mortality Statistics, 1913. Bureau of Census, Washington, Director W. J. Harris.

Friedmann Treatment for Tuberculosis. Drs. Anderson and Stimson, U. S. Public Health Service, Bulletin No. 99.

The Care of the Baby. The Summer Care of Infants. U. S. P. H. Service, Washington. Supplements Nos. 10 and 16.

Pituitary Standardization. Drinking Water on R. R. Trains. Variation of Epinephrine Content of Suprarenal Glands. Bulletin No. 100, U. S. P. H. Service, Washington, D. C.

New and Non-Official Remedies, 1915 Edition. Amer. Med. Ass'n, Chicago, Ill. Paper bound 50 cents, cloth, \$1,00. A book which every physician should have.

Care of the Eyes. School Children's Eyes. Lenses and Refraction. Three pamphlets, A. M. A. Conservation of Vision Series.

The Clinical and Pathological Features of Chorioepithelioma Malignum. Dr. August A. Strasser, Arlington, N. J.

The Kromayer Light in the Treatment of Certain Diseases of the Skin. Dr. A. Schuyler Clark, New York.

Riverlawn Sanatorium, Paterson. Dr. Hicks' House, Newark, Pamphlets.

Thirty-ninth Annual Report State Hospital, Morris Plains.

Food for Thought.

"I'm thankful for sun and for showers; The Lord makes the winter an' May; And he'd hide all the graves with his flowers If folks didn't weed 'm away!

"So I jest keep a-livin' along,
Still thankful for sunlight and song;
I know when it's snowin',
God's roses are growin',
So I jest keep a-livin' along."

Each morning sees some task begun,
Each evening sees it close;
Something attempted, something done,
Has earned a night's repose.—Longfellow.

The test of true friendship is the extent to which it helps us.

To find fault is a very poor way to help others to do better.

The best friend is the one who helps us to become better.

It doesn't mean much to say I am sorry, if the words are not followed up by deeds that show repentence.

There is something more valuable than the gift. It is the heart's desire to give.

Yesterday is past; forget it. To-morrow has not come; don't worry about it. To-day is here; make good use of it.

Be such a man, live such a life that, if every man were such as you and every life like yours, this earth would be God's paradise.

-Phillips Brooks.

Be noble, and the noblesness that lies In other men, sleeping, but never dead, Will rise in majesty to meet thine own.—Lowell

Four Good Rules.

I will do the next thing. I will not wait for ideal employment under ideal conditions, which hardly ever comes to any one. But I will do something to earn my living and to keep from being a burden upon others. And whatever that something is, I will do it the very best I can. I will never think myself above my job.

I will keep stimulants of every kind out of my body. I know that everything of this sort that tones me up lets me down still farther afterward. In all eating and drinking I will be as simple as I can.

I will never speak unkindly of any person who is not present. I will form the habit of expressing only charitable judgments.

I will let others live their own lives. I will not try to impose my convictions upon them. I will not regulate the conduct of other people. I will respect other peoples' opinions, and I will try to see how one can be right and sincere and yet think in an exactly opposite way to my own thoughts.—Dr. Frank Crane.

A good word is an easy obligation; but not to speak ill requires only our silence, which costs us nothing.—Tillotson.

The Practical Man and the Scientist.—Some one has defined the practical man as one who practices the errors of his forefathers. He is tied down to his preconceived opinions, not being enough of a dreamer to get away from them. He will be able to get through the world without receiving many hard knocks; but he will not inaugurate profound changes and advances in human life. That will always be left for the scientist who refuses to be satisfied with what is and who is always seeking a new sort of fact to destroy his own and his contemporaries' equilibrium.

R. D. Carmichael, Science.

Facetious Items.

Teacher—Tonnmy, to what class of the animal kingdom do I belong?

Tommy—Dunno, teacher. Pa says you're an old hen and ma says you're an old cat.

-Exchange.

Magistrate—Why did you beat your wife so unmercifully?

Prisoner—Well, yer honor, she aggravated me by sayin' she'd have me up before that bald-headed old fool, meanin' you, yer honor—Magistrate—You're discharged.

-Boston Transcript.

Debtor—Doctor, I want to pay that little bill of yours.

Creditor—Thank you, sir, thank you. Debtor—But I can't.—London Globe.

At a medical college a class was being examined in anatomy, and one student was asked, "What muscles have their origin in the political space?"

"Well," said the bright student, there's that one with the durned long name, and I don't remember the other two."—Boston Transcript.

True Bliss.—The Pessimist—"The best luck any man can have is never to have been born; but that seldom happens to any one."
—Boston Transcript.

"Where have you been?"

"At a mass meeting, wifey, called to discuss war measures."

"War measures, eh? I suppose that accounts for that powder on your shoulders."—Louisville Courier-Journal.

Did you ever see a smile on the mouth of a

river?—Boston Transcript.

Well, asking another, did you ever see a corn on the foot of a hill?—Milwaukee Sentinel.

Or, when it comes to that, a frown on the face of the earth?—Syracuse Herald.

And how about a wink in the eye of a needle?—Memphis Appeal.

To say nothing of the muscles in an arm of the sea.—Spokesman-Review.

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THE ONE HUNDRED AND FORTY-NINTH ANNUAL MEETING

OF

THE MEDICAL SOCIETY OF NEW JERSEY

WILL BE HELD AT THE

NEW MONMOUTH HOTEL, SPRING LAKE, JUNE 22-24, 1915

Make your plans to attend and bring the ladies of your family

THE LUNG COMPLICATIONS OF CARDIAC DISEASE.*

By Harlow Brooks, M. D.,
Professor of Clinical Medicine, University and
Bellevue Medical College, New York.

Every practitioner appreciates how commonly patients die, not from the elemental disease from which they have suffered, but from the complications which have developed in the course of it. More than frequently in the management of diseases, especially those which are due to lesions of a more or less permanent character, we come to largely disregard the basic condition or lesion to devote our most energetic efforts to the combating or prevention of complications. For example, among the infections, influenza presents a most striking example. doubt very much if your Bureau of Vital Statistics would accept a death certificate simply signed "Influenza." And yet we all realize how very frequently this is the basic factor as a death cause. It is the protean complications which arise in this infection which become the dominant and principal lethal factor which we fight and before which we are all too frequently vanquished.

We are not perhaps so vividly impressed with the secondary role as a death factor which the heart lesion may play in cardiac disorders, though when we come to really analyze these cases we cannot but be impressed with the fact that a very high per-

*Read before the Bayonne Medical Society, March 15th, 1915.

centage of cardiac cases get along with tolerable comfort until complications arise. This is shown for example in acute endocarditis by the frequency with which death is immediately due to cerebral, pulmonary or pan embolism or still more commonly to generalized septicemia. This fact is even more strikingly expressed in the chronic types of heart disorders in which we may say that a very high proportion of cases ultimately succumb, not to the heart lesion itself, but to the complications which arise in other viscera—in the liver, the brain, the kidney and especially in the lung. Call to mind for a moment how very large a part of your management of cases of chronic heart disease is directly focused not on the heart but on the other organs and on the changes which either have or are likely to develop in them.

This is particularly true of the lung complications which are likely to appear in heart diseases and it is my purpose this evening to briefly call your attention to some of the more frequent pulmonary conditions which appear in the course of heart disease. These complications are so very numerous and so very important that it will be possible for us to-night to consider very briefly only the more important, especially since I wish to discuss with you as we go along the most crucial aspects of prevention and treatment, for I am of that school which believes that pathology is chiefly useful as it assists us in the control and cure of disease, not because of its purely scientific aspects.

Even in so apparently an isolated cardiac

condition as pericarditis Lippincott and myself in a statistical study of 177 consecutive autopsy cases (Amer. Jour. Med. Sci. Vol. 138 P. 796, 1909) found that in 69 instances the chief cause of death was pulmonary disease. Of course in this regard we must recall that pericarditis arises as a complication of the dominant lung lesion in a considerable number of instances and this is probably why so very high a percentage of cases of lobar pneumonia was found in this series; thus 37 of the 69 cases died from a lobar pneumonia. Pericarditis we must recall is commonly a complication and not in itself a very gravely important condition as we brought out as a conclusion from our study presented at this time. This factor, however, does not ring true of the seventeen instances which died of tuberculosis in which the pericardial factor was in iarge part at least a determining factor, nor of the two cases which died from pulmonary gangrene, the four cases which died from pulmonary thrombosis or embolism, nor yet the two from empyema.

I am not myself inclined to consider pericarditis in itself as a clinical condition of very grave significance except as an indication usually of some general disease or dyscrasia. A very different standpoint must, however, be accepted in regard to cases of endocarditis.

This is not markedly evident in acute endocarditis, except as to two conditions, tuberculosis and pneumonia. Thus of 35 cases of acute endocarditis which came to autopsy in my service, three died from tuberculosis pulmonalis, an infection probably activated by the conditions which resulted from the endocarditis. Three of the group died from a pneumonia of the lobar type, also probably induced by the acute endocarditis. But one died from a pulmonary embolism, though small areas of infarction from embolism or thrombosis are very frequent in acute endocarditis, but as a rule the condition is well compensated because of the very abundant and adequate blood supply of the lungs so that fatal results do not follow.

Apparently there is but very little, if anything, which can be done in the way of prevention of these complications or of direct after treatment. In regard to the tuberculosis, it must be constantly borne in mind that the condition is very likely to arise in acute endocarditis, probably as a reinfection or activation almost without exception and it is therefore well at least in all suspected instances of this kind to give the pa-

tient the open air treatment as much as possible. Where this can be accomplished in the presence of sunshine, as well as open air, there can be no doubt but a double purpose is well served, for we know that sun and air are also potent therapeutic agents in the treatment of sepsis of which acute endocarditis is a definite part. point which treatment of acute endocarditis calls to mind, because of this lung complication, is the importance of liberal aliementation. We are accustomed, with probable wisdom in most instances, to definitely limit the diet in acute endocarditis, but if a tuberculosis be suspected this method of caution must be replaced by a diet forced to the full point of gastro-intestinal tolerance, a method of which I am in no way so fearful in even uncomplicated endocarditis, especially the long standing cases, as I formerly was.

Practically the same general procedure is to be considered in an attempt to obviate the occurance of pneumonia. Little can, however, be accomplished in this respect save by not favoring hypostasis, which certainly predisposes to pneumonic infection, by permitting a too constant bed posture. On the other hand, there can be no doubt but that too frequent and certainly too abrupt movement of the patient favors not only pneumonic infection, but also embolism and for this reason in the management of acute endocarditis we are divided between the wisdom of frequent change of posture to lessen hypostasis, and that of disturbing the patient and thus favoring embolism.

As indicative of the trend to increase in the occurrence of pulmonary fatalities as the heart condition becomes more chronic in type it is notable that of sixteen cases af acute and chronic endocarditis studied at autopsy, six died chiefly as a result of pulmonary lesions.

From my series of two hundred and thirtysix autopsy cases of chronic endocarditis which were analyzed in this respect, seventyone instances died directly as a result of pulmonary diseases. Again in this list, as in all others, pneumonia leads with a total of twenty-six instances, closely followed again, as also in all other instances, by tuberculosis with twenty-three cases. Nine instances of broncho-pneumonia follow, six of pulmonary infarction as the chief lethal factor, two of bronchitis, two of pulmonary gangrene, which last, may in all probility be justly added to those instances of pulmonary infarction, making a total of eight cases of pulmonary embolism or thrombosis. Somewhat to my surprise, but three fatal cases of brown induration of the lung were found, though it is very probable that at least certain of the instances of pneumonia really originated in this lesion which we clinically find very commonly present in quite frequent cases, but more in myocardial disease relatively than in pure endocarditis.

No accounting is taken in this analysis of the frequent pulmonary fibrosis which we find to be very commonly a lesion of great clinical significance in especially chronic cardiac disease, but which since it does not in itself cause death cannot be justly classed as a direct lethal factor. Most cases of pulmonary fibrosis of whatever origin really die from an ultimate cardiac dilatation, commonly of the right heart as in fibroid phthisis. This lesion originates very frequently from a pulmonary cyanosis or brown induration, the so-called cardiac pneumonia to be discussed later on in this paper.

As to the relationship of pulmonary tuberculosis to cardiac disease, doubtless the chief inductive factor lies in the reduction not only of the local resistance against the infection in the lungs, but also in the lowered general resistance of the body which together with defective oxygenation must appear as a direct result of the heart lesion.

It is generally assumed, that the lung tissues are increased in their resistance against tuberculosis in mitral obstructive lesions. The principle on which this theory is based is that, as a result of the chronic cyanosis of the lung, a natural mechanical result of the mitral stenosis, a local hyperaemic condition simulating the therapeutic condition in Bier's Hyperaemia is produced so tending to combat tuberculous. or other infections. While in the main this theory is sustained by observation and experience, many exceptions exist, several of which appear in my group analysis.

Chronic congestion, which in many cases is the chief predisposing or inductive factor of the very frequent attacks of pneumonia, is undoubtedly the most frequent form of pulmonary disease directly resulting from cardiac disease. It eventually occurs almost inevitably in mitral disease and especially in mitral obstruction where the facial cyanosis is but a marker of the much more advanced condition which is present in the lung. It also systematically appears in aortic obstruction and in mitral incompetence particularly in those stages where incompetence of the auricles appears. From a mechanical standpoint practically the identi-

cal condition appears when due to any cause whatsoever the integrity and force of the heart muscle is compromised, as in cardiac fibroids, fatty degeneration, infiltration or in myocardial degeneration of any variety.

Clinical study of cases of pulmonary hypostasis must impress every observer with the fact that gravity very considerably influences, localizes or determines not only the location but also to some degree the extent of this process; hence we have long recognized the necessity of frequent change of posture in chronic cardiac cases, a change which the patient himself frequently insists upon by refusing to adopt the prone posture, because it mechanically leads to the greater involvement of lung tissue. Insistance that the bed patient frequently change from side to side is an important factor in the management of this complication. Its necessity is apparent since it is obvious that if a congestion of any area persist for a considerable length of time it leads first to a paralysis of vessel tone, then to a diffuse hyperaemia, followed naturally by a more or less definite and compact hepatization, it in turn by organization and this by fibrosis of the lung. This last lesion is a permanent and entirely irremedial change which by limiting the possible area of functional pulmonary tissue and by increasing capillary resistance in this considerable area of lung, increases thereby capillary tension and the strain upon the right heart.

Now as a matter of fact, but few cases are reported under the post mortem diagnosis of death caused by passive pulmonary hyperaemia since in the terminal state other and more active or aggressive changes develop. Thus passive hyperaemia invites quite definitely and inevitably pneumonia, gangrene and particularly tuberculosis which is quite to be expected from autoinfection where so large an area of devitalized tissue exists in the lung.

The symptoms indicative of the development of this important cardio-pulmonary lesion are well known and recognized by every clinician. Cough, blood stained, brownish sputum containing the "Hertzfellerzellen," an area of dullness verging on flatness with increased fremitus, blowing or bronchial breathing less in degree only as compared to the infiltration of a true pneumonia, dyspnoea and the always narrowing margin of cardiac and pulmonary reserve, are well known classic symptoms and their full import is recognized by every practitioner from surgeon to obstretition. What

has always seemed to me to be among the most important features of the condition are what appear to be attempts on the part of nature to self treat this always grave complication.

Among the most frequent of such methods of relief is hemorrhage, perhaps from the involved area itself, perhaps from other vessels, but almost without exception, from veins. As a direct result of these hemorrhages, more or less relief is commonly experienced so that the patient soon learns to look upon this sometimes terrifying occurrence with anticipation and relief. Nonetheless we know that in such spontaneous hemorrhage the bronchi may become more or less permanently blocked by blood clot which may organize and favor the development of such very grave conditions as atelectasis, gangrene, bronchiectasis and lung abscess. It is much better in such instances to anticipate this effort on the part of nature by performing a venesection and thus relieve the venous congestion through an avenue which cannot favor further complications.

A still more astute method of treatment is to prevent the occurrence of this lesion in the lung by the use in its very early stages of venesection, with or without cardiac stimulation. I am convinced that we too often delay the giving of digitalis or strophanthus too long in these cases and await the permanence of the lesion rather than the attacking of it at its very outset. In this respect we cannot too strongly emphasize the importance of rest, or of decreased exercise in impending cases of this kind and the use of other supportive or circulatory stimulative measures before the change actually develops. A similar effect may be encompassed by compressing by ligature or otherwise the veins of the extremities. Quimby accomplishes this result by his cabinet treatment, long and even chronic cases may be benefited by persistent use of these measures. Oftentimes, especially in anaemic cases, the purpose of venesection may be otherwise accomplished without the loss of valuable blood iron by active purgation with the saline or mercurials or perhaps by simply restricting the diet and particularly the fluid and salt intake. Along this same line relief may be given in the early stages by diuresis or diaphoresis. the City Hospital we frequently treat these conditions almost solely by these measures. The Carrell diet is particularly useful in such instances.

When the lesion has become fully estab-

lished, too often the condition in which we find our patients when they appear to us for treatment, our efforts must be directed to prevent progress and secondary infection. This is often a delicately balanced process, teetering between cardiac compensation and pulmonary support. Of course, in established cases the ultimate outcome is ap parent, but it may be even in many such cases delayed, though it finally terminates with a pulmonary tuberculosis, true inflammatory pulmonitis, a gangrene or a pulmonary fibrosis with ultimate cardiac dilatation. There is another common pulmonary lesion which we are too likely to forget may be frequently incited or accentuated by cardiac defects and that is a bronchitis. We recognize, of course, that in true bronchitis a hyperaemic condition of the bronchial vessels exists. When this is caused or complicated by a cardiac defect a condition of chronic congestion of the bronchial mucosae is induced which followed out to its natural termination favors a chronic bronchitis, bronchiectasis, lobular or lobar pneumonia. Practically every therapeutist recognizes the effectiveness of digitalis, strophanthus, strychnia, camphor or caffein in many cases of bronchitis and their chief effect is doubtless through quickening the circulation and thus relieving bronchial congestion. The same end may be favored by the use of active cathartics. especially, I believe, by the mercurials or

The influence of emphysema on the circulation is apparent to every one who has to deal with senile cases, instances of bronchial asthma and so on. That this condition, by stretching the walls of the air sacs and thus compressing the capillaries, greatly increases the intrapulmonary blood pressure is obvious. It is a little more difficult to work backward and to demonstrate that cardiac conditions favor the production of emphysema, though I believe that most of us so believe. A possible method of this result may be explained on the basis that the dyspnoea incident to cardiac deficiencies favors the production of emphysema and this in its turn reacts and through augmenting capillary pressure, further embarrasses the action of the right heart. The type of emphysema supposed to be thus induced by cardiac defects is that called acute vesicular emphysema in which the primary factor is the over-distention from over-function of the air sacs and not from a primary atrophic condition in the sac walls or in the blood vessels.

concentrated saline purges.

Although serious oedema of the lung rarely occurs in cardiac disease until grave concomitant or incidental lesions have developed in the kidney, still we see cases of sudden pulmonary oedema appear in cardiac disease entirely independent of renal defects. Some of these instances doubtless are closely allied to that curious neurovascular condition, angio-neurotic oedema.

As a rule, oedema of the lung, and I now refer to a localized pulmonary oedema independent from the generalized process, occurs in hypertensive conditions of the circulation. It is especially likely to appear in cases of hypertension which have more or less acutely developed hypotension. Obviously these cases are chiefly those in which extensive arterial, as well as cardiac disease is present, though this is not exclusive-This condition is often found not generalized throughout the entire lung, but it may be localized to one lobe or to a portion of one lobe. It is not in this respect commonly dependent upon gravity and I am strongly of the opinion that a far more complex process than a mere mechanical one is concerned in the production of this serious lung complication of circulatory disease.

As a rule it is very sudden in onset and it may or may not be accompanied by a laryngeal oedema. In nearly all the cases which I have observed, it has occurred, as before stated, with a fall in blood pressure in a previously hypertensive case. led me to the line of treatment which I have found to be most useful, though prompt and satisfactory results are far from the rule in these cases. Venesection, in my opinion, aggravates the condition; on the contrary depletion by vigorous catharsis, and in such instances one may properly use croton oil, usually benefits to some degree. Of course, the patient must be put at rest, though they rarely can be persuaded to lie down, for the dyspnoea is commonly very severe and nervous rest may be very materially contributed to by the hypodermic administration of morphia.

Deep intramuscular injections of pituitrin or of epinephrin in a dosage of from ten to thirty drops of the usual 1-1000 solution oftentimes give prompt relief and when followed up by cathartics, limitation of fluids and sedation prompt recovery may follow. Drugs of the digitalis group will usually be found necessary after the acute symptoms are relieved.

In this brief talk I have had but very little to say of embolism and pulmonary in-

farction, chiefly because I believe that these are conditions which we all fully appreciate and in which we are all about equally helpless. It is probably more frequent than post mortem statistics indicate. In the subsequent management of cases of this kind, however, I believe that we should particularly bear in mind the danger of after intection, of gangrene, hypostasis, pneumonia or fibroids and that very likely to a certain degree at least these further complications may be combatted with some success.

I have ventured to bring this incompletely rounded out paper before you in the hope that I might impress upon you as it has been impressed upon me the great necessity of considering heart disease from a far wider viewpoint than from a purely circulatory one. This is particularly demonstrated in the frequency and importance of the complications of heart disease which appear in the lung, but it is even more striking in its association with renal disease and probably also in regard to hepatic disorders at least of a certain class. I wish to most earnestly deprecate the attempt to divorce the heart and other circulatory viscera from the other and intimately associated mechanisms of the body, and I am firmly convinced that every heart disorder must be at least managed as a largely general, rather than as a local process. If after having considered this matter you agree with me in this statement as you study your cases of circulatory disease, I am quite certain that you will not fail to properly prognosticate, estimate and manage the pulmonary complications in heart disease, but also, that you will find a broad view of circulatory disorders a much more satisfactory one therapeutically than the detailed study of merely the circulatory aspects of them. Only in theory can we divorce and disassociate the organs of circulation from the other viscera of the body.

NITROUS OXIDE AND OXYGEN ANÆSTHESIA.*

BY CHARLES J. LARKEY, M. D., Anaesthetist to the Bayonne Hospital.

Along with the general advance in medicine and surgery throughout the country the science of anæsthesia and the art of administrating anæsthetics has made great progress in the last ten or fifteen years.

The time is past for the surgeon to pick up any one at the last minute to administer the anæsthetic. It is a fact that the people

^{*}Read before the Hudson County Medical Society, February 9, 1915.

are beginning to demand the services of an expert anæsthetist. It is only within recent times that anæsthesia was considered a part of surgery and consequently the surgeon usually supervised its administration. I am sure you all remember the days when the surgeon would keep watching the anæsthetist and caution him not to give too much or to pour more on. How unsatisfactory this was you all know. It was due to this that there was a tendency to develop one method of administering the anesthetic, and as the drop method was the easiest, it became the most popular; and instead of suiting the anæsthetic to the patient, we always suited the patient to the anæsthetic.

The three most frequently used anæsthetics are ether, chloroform and nitrous oxide. I name them in the order of their

popularity.

Ether is so easily administered that its use by the drop method has become almost general. While I do not criticise this, yet I say that we cannot practice good surgery and stick to one method of anæsthesia. We must strive to suit the anæsthetic to the patient as well as to the operator. For these reasons pharyngeal insufflation for adenoid and tonsil work, intra-tracheal insufflation in thoracic surgery and in operations on the mouth and jaws, nasal anæsthesia and rectal anæsthesia have their places in the armamentarium of the skilled anæsthetist.

Nitrous oxide, which was formerly used alone to the extent of asphyxiation in very short operations, is now combined with oxygen, and in an address by Gwathmey at the annual meeting of the American Association of Anæsthetists in June, 1913, he said: "The combination of nitrous oxide with oxygen, with the preliminary small dose of morphine, is applicable to over 90% of all surgical cases." I have often heard it said that if nitrous oxide is a good anæsthetic why is it necessary to use ether in many cases? The administration of two to six drams of ether during the induction stage or even later in the administration is certainly better practice than allowing the patient to become cyanosed, and by the time the operation is over all the ether is eliminated from the system; and so small an amount of ether does practically no harm. I am sure we do not criticize ether because it is sometimes necessary to add a little chloroform to obtain better relaxation and I do not see why the addition of a little ether in nitrous oxide anæsthesia should

be criticized. In advocating the use of gas oxygen for general surgery, I do not mean to say that it is applicable to all cases, but in selected cases it is the ideal anæsthetic and as Hewitt says, "Nitrous oxide is the safest anæsthetic used."

Let us now consider the advantages and the disadvantages of the three most frequently used anæsthetics, and I am sure that you will all agree, that nitrous oxide is

by far the safest.

The advantages of ether are: (1) It is easy to carry around; (2) apparatus for administration is simple and inexpensive; (3) it relaxes all the muscles nicely and makes the operative work easier for the surgeon; (4) it is easier to give and can be administered by a novice.

Its disadvantages are: (1) It is irritating to the respiratory passages; (2) patients do not like it on account of its pungent odor; (3) it is irritating to the kidneys; (4) it sometimes causes acute fatty degeneration of the liver cells; (5) it has a deleterious effect on the leucocytes and is harmful to patients with infections; (6) it produces three or four times the amount of shock that nitrous oxide does; (7) its use is frequently followed by protracted nausea and vomiting and I have known instances where the vomiting has been so severe that the abdominal sutures have given way and the intestines protruded through the abdominal opening. chloroform is so seldom used these days. I will not stop to consider its advantages or disadvantages, but will state that it should never be used to induce anæsthesia. Its use is only permissable as a sequence with some other anæsthetic, or in combination with it.

Nitrous oxide and oxygen has the following advantages: (1) It has no odor. and the patient goes to sleep quietly and easily; (2) the total amount of shock from operation is much less than under ether. Crile has shown that while neither ether or nitrous oxide cause shock per se, still in the presence of trauma, brain cells exhaustion under ether is three times that which occurs under nitrous oxide anæsthesia in the normal subject and the proportion is certainly much greater in the diseased subject; (3) it does not have any deleterious effect on the hæmaglobin; (4) it does not interfere with phagocytosis. therefore, its use is indicated in infections: (5) it has much less post-operative vomiting, and when used in connection with novocain locally, gas pains are very much diminished; (6) nitrous oxide does not diminish the number of red blood cells; (7) it does not produce tendency to pneumonia; (8) it increases blood-pressure and as shock was always accompanied by low blood-pressure, the increase pressure prevents shock; (9) careful handling, sharp dissection and minimum trauma are effectual in preventing shock; (10) the mere excitement due to the feeling of suffocation while inhaling ether causes a certain amount of exhaustion from which the patient taking the nitrous oxide oxygen is spared.

Disadvantages: (1) It is more expensive; (2) it does not produce quite as much relaxation as does ether; (3) the anæsthesia is much lighter and more transient and therefore it requires more watchfulness on the part of the anæsthetist; (4) much more expensive apparatus is required and the anæsthetist must have had some experience; (5) more gentleness on the part of

the surgeon is necessary.

Let us now consider the disadvantages of gas and oxygen and an analysis will show that they concern the surgeon and the an-

æsthetist, but not the patient.

The cost of nitrous oxide and oxygen has been advanced as a reason for its less general use, but in the Coburn apparatus, which I use and which utilizes rebreathing, I have estimated the cost of both gases to be between \$1 and \$1.50 per hour, and this is not enough to be considered an objection when we consider the many advantages to the patient, which after all should be the first consideration.

In relation to the relaxation produced, I have often been asked, do you get as much relaxation as you do with ether? In my work I find very little difference, to which the surgeons with whom I am associated will testify. In order to get successful anæsthesia with gas oxygen the an æsthetist and the surgeon must co-operate. We use novocain solution 1/4 of 1% in the skin and in the subcutaneous and muscular layers according to the method of Crile. Gentle manipulations and as little traction on the tissues and organs as possible is our aim. As soon as the surgeon becomes careless and abuses the tissues, the patient will often make a reflex movement. While a great many will say this is objectionable, I think that it is in the patient's interest to be careful; and the more gentle the surgeon is, the smoother the anæsthesia will be. In other words, gas oxygen anæsthesia teaches the surgeon to practice gentle manipulations and not to tear the tissues, and it is therefore not a good anæsthetic for the "chronic surgeon." I cannot see any great objection to having the patient move a little during the operation, and to my mind, it is certainly better than having him absolutely soaked with ether. Even in a well administered ether anæsthesia it is better to have the patient on the border line than to have him absolutely under, so that it will take several hours before he recovers from the effects of ether. If the surgeon would handle the tissues just as carefully as he does when operating under local anæsthesia, I am sure that gas oxygen would become more generally used, as it is the ideal anæsthetic for the careful and gentle sur-

Another objection raised is, that gas oxygen requires an expert to administer it; because the anæsthesia is much more transient than ether and requires more watchfulness on the part of the anæsthetist. It is unnecessary for me to say that these objections are certainly not to be considered, as anything that requires expert work is certainly to the advantage of the patient and in these days of medical progress expertness should not be considered a disadvantage in the practice of our

various arts.

In regard to the expense of apparatus required, will say that it is certainly worth our while to furnish our patients with the best that we can get, no matter at what cost. I am sure none of you would hesitate to use large doses of diphtheria antitoxin on account of its cost and I do not see why we should hesitate about procuring expensive apparatus and if the surgeons will demand better anæsthesia there would be more expert anæsthetists, as the law of supply and demand applies as well in medicine as it does in any other branch of business, and I have never heard a patient object to the expense of gas oxygen administration. On the contrary, they welcome it. Many times people refuse operations because they dread the ether. How much easier is it for us to say that you will be anæsthetized with gas, which is pleasant to take and leaves no after-effects and the very name laughing gas is enough to reassure the patients and gain their confi-The patient who has previously been anæsthetized with ether and later with gas oxygen will certainly appreciate the difference. I have had three or four of such instances and I have had the patients say that if they had to have another operation under ether they would object, while on the other hand they did not mind

taking the gas over again.

To illustrate the difference in the temperature, pulse and respiration, I have made charts for the first five days post-operative. I took twenty cases of appendicitis, ten of whom were given ether by the Bennett inhaler and ten nitrous oxide and oxygen; and from the charts you will notice that with nitrous oxide the patient has a much better convalescence than he does with ether. The figures represent the averages of these cases at 5 P. M.

	Temperature		Pulse		Respiration	
	Ether	N_2O	Ether	N_2O	Ether	N_2O
1st day Post-Operative	100.5	99.5	90 ·	87	25	24
2nd day Post-Operative	101.6	99.8	95	86	24	23
3rd day Post-Operative	101.4	100.3	IOO	84	25	23
4th day Post-Operative	101	99.9	103	84	24	21
5th day Post-Operative	100.6	99	88	77	21	20

Nitrous oxide is said to be contra-indicated in ateriosclerosis, but the same can also be said of the other anæsthetics. I have given nitrous oxide to a patient eighty-two years old with marked arteriosclerosis for supra-pubic prostatectomy, operation lasting one-half hour, without any evidence of shock and with an immediate recovery from the anæsthetic, without any post anæsthetic disturbances. Numerous other instances could be cited and to say that nitrous oxide should not be administered in advanced age, as some do, is to deprive them of the benefit of the anæsthetic that is especially adapted to their condition.

The administration of nitrous oxide in cardiac disease has also been criticized, but these criticisms are not supported by the best authorities. Coburn in an article printed in Surgery Gynecology and Obstetrics, December, 1913, says: "That nitrous oxide causes less cardiac disturbances than ether and that when nitrous oxide produces no cardiac disturbances ether may produce a marked cardiac depression." He also cites a case in which a patient in a previous short operation had marked cardiac depression under ether and a few weeks later a two-hour abdominal operation with nitrous oxide, there was no cardiac depression, and at the end of the operation the patient was in good condition. Most of the fatal cases of cardiac depression attributed to nitrous oxide have been caused by acute cardiac dilatation due to respiratory restriction, or an element of asphyxia, conditions that produce dilatation under ether or with any anæsthetic whatever.

Cyanosis and respiratory restriction may be prevented by the use of an oral-air-way, and this is a very important requisite of nitrous oxide administration. Patients suffering with eclampsia were formerly anæsthetized with chloroform, but it has been shown that chloroform may cause degeneration of the liver cells, the same condition which is present in eclampsia, and therefore, its use has been discontinued and ether has been substituted, but ether irritates the kidneys and in the condition

where the kidneys are already over-taxed it seems irrational to me to use ether and to my mind the ideal anæsthetic would be nitrous oxide with oxygen.

A very important class of patients who are benefited remarkably by nitrous oxide are those who are in extremely debilitated conditions or in shock. Not long ago we had a man in the Bayonne Hospital who had a traumatic amputation of the leg and in an attempt to save as much of the limb as possible the patient's condition became poor, due to the infection and sloughing. The surgeon decided on amputation, but feared the anæsthetic. I advised novocain locally and nitrous oxide by inhalation and the patient made a good recovery. It is in this class of cases that nitrous oxide is the ideal anæsthetic. I am sure that it has often happened that operations have not been performed in serious cases because the surgeon was afraid of ether. Patients who are frightened, particularly those dreading the anæsthetic and those patients who have passed through a period of suffering, get along much better under nitrous oxide, as these conditions in themselves produce shock and with ether the shock would be so much greater.

In inflammation of the respiratory tract, diabetes, nephritis, pyelitis, cystitis and in operations upon the kidneys, ureters, bladder and prostate, the use of ether is contra-indicated on account of its irritant action. The general freedom from discomfort alone after operations should make us give nitrous oxide first choice as the anæsthetic in a great number of cases.

The return of conciousness after nitrous oxide administration is so quick even after prolonged administrations that this alone makes a profound impression upon the family of the patient, who often worry whether the patient will wake up again.

The method of administration: In my work with nitrous oxide and oxygen I use the Coburn apparatus, which I will demonstrate to you. The advantages of this apparatus are that it only weighs about six pounds, less gas is required—thereby reducing the expense of the administration—rebreathing is utilized and the rebreathing bag is situated near the mouth piece and it is unnecessary to breathe through the long narrow tube, which most of the other apparatuses have.

In administering nitrous oxide the patient must be taken into consideration, and just as with ether and chloroform, it is impossible to produce the best results on all occasions; so it is impossible in the case

of nitrous oxide.

The best subjects for this method are middle aged women of a quiet temperament. Sparsely built middle aged men are also good subjects. Muscular or heavily built men and all persons who smoke or drink to excess are comparatively difficult to anæsthetize by this method. Children are poor subjects, as they do not stand the lack of oxygen very well. Young women are very favorable subjects as a rule. In order to obtain the best results the patient should have careful preparation. In this connection the remarkable work of Crile shows its greatest benefit and in advocating the use of anoci-association he says: "The environment of the patient has almost as much bearing upon the outcome as the operative technique itself." The work of the surgeon should not begin in the operating room, but it should include the pre-operative treatment as well. The surgeon, the members of his staff, the hospital superintendent, the internes, the nurses, and the orderlies should all work in harmony to contribute to the welfare of the patient. The emotional factor is of great importance in the production of shock.

If the natural fear of the approaching operation be increased by the tactless-surgeon, by a cold reception at the hospital, and by inconsiderate treatment by the nurse, by the sound of clanging instruments, laughter and loud taking in the wash room, then the resistance of the patient will be lowered and Crile further says: "No matter how perfect and un-

shocking in itself may be the technique of the operation, the results are prejudiced by these very adverse factors." Therefore, it is best to have an agreeable pre-operative environment, and to dull the patient's nerves by the administration of a narcotic, by a non-suffocating odorless inhalation anæsthetic, by local anæsthetic to cut off the different impulses during the course of operation, by gentle manipulation and sharp dissection, by a combination of all these methods the patient is protected from damage.

The night before the operation the patient should be as restful and quiet as possible, and if necessary, a sedative should be administered in order to insure the patient a good night's rest. The operation should be performed early in the morning and not keep the patient anxiously awaiting the ordeal until a late hour in the atternoon. It is our custom, one hour before the operation to administer from ½ to ½ grain of morphine with 100th to 150th of

atropine.

The advantages of a preliminary dose of morphine are many. It lessens the preoperative dread and facilitates the induction of anæsthesia. Laboratory experiments have shown that in morphinized animals subjected to trauma, the change in the cells of the brain, the suprarenals and the liver are less than in traumatized animals without this protection. Morphine is especially useful also in those cases of acute infection in which emergency operations must be performed. It protects the brain against the infection and the operative trauma, and we all know with what good results those famous clinicians, Alonzo Clark and Austin Flint treated peritonitis by increasing doses of morphine until the full physiological action was obtained.

In the choice of the anæsthetic the patient should be the first consideration and not the prejudice of the surgeon for a certain method. If nitrous oxide oxygen does not fully anæsthetize the patient, as may happen in some cases, a sufficient amount of ether should be given. We should also bear in mind that while nitrous oxide oxygen is the safest of all anæsthetics in the hands of an expert in the technique of its administration, it should never be administered by one who is inexperienced.

In closing, I wish to emphasize these facts, that is, even if nitrous oxide does not become generally used its introduction has taught surgeons to be more gentle and to become accustomed to the slight move-

ments or moaning by patients while under the anæsthetic. Hitherto, it has been quite common for surgeons to expect their patients to be absolutely soaked with ether so as not to be able to even wrinkle an eye lash; and when they did make a slight involuntary movement the surgeon was always ready with the advice to give the patient more ether. This may not agree with the opinion of some surgeons present, but I think it is better to have the patient as lightly under the anæsthetic as possible and to tide him through the operation with as little of the anæsthetic as possible.

Another important advance due to gas oxygen has been that surgeons are more awake to the question of shock and while the exact cause of shock has not yet been definitely settled I cannot help but pay a high tribute to Dr. George W. Crile, who has probably done more to attain a shockless operation than any other surgeon in

the world.

VISUAL ACUITY AND ITS SIGNIFICANCE.*

By Irvine F. P. Turner, M. D., Trenton, N. J.

I am to speak to-night upon visual acuity and its significance, and I want to lay particular stress upon those diseases in which ambiguity is likely to arise. I will not consider defects of vision due to errors of refraction, muscle imbalance, or the more easily recognized forms of disease such as opacities of the cornea and lens; it is scarcely necessary to call your attention to their importance, or the necessity of their elimination in the process of investigation. I will leave this to the following speaker who may have something to say concerning these troubles.

Before entering upon the subject let me emphasize the great importance of a systematic, orderly investigation of visual acuity in all cases. The routine in practice by the speaker is to first take distant vision, note the presence or absence of manifest hypermetropia, then near vision, the accommodation, note the pupillary reaction, the occular movements, external appearances generally, and finally the perimeter is used, and all results carefully recorded. It may seem trifling to speak of this, but at times there is a failure to realize the immense amount of valuable in-

formation obtained by a systematic examination, how much is lost by neglecting it, and the value of keeping a record. Pupillary reaction oftentimes becomes of fundamental importance in making a diagnosis, and to paralyze the accommodation by a mydriatic without taking this, means another visit on the part of the patient. neglect to test near vision may in similar instances entirely frustrate accurate diagnosis, as, for example, in a case of postparalysis of accommodation. It is a truism to say that if the visual capacity is not normal it is our duty to find the cause. What is more often forgotten is that, even when visual acuity may be normal the fundus should, in all cases, be examined by the ophthalmoscope. It is tedious to examine every case with the ophthalmoscope, but if it is not done mistakes certainly will occur.

A patient comes to you complaining of headache of long standing duration, one of the most common complaints coming under the notice of physicians. The origin is obscure, and at once you question sight. You are told that there has been no trouble with vision, but careful questioning elicits the information that there has been transient mistiness from time to time. Examination of visual acuity shows it to be normal for both distance and near, but ophthalmo-scopic examination may reveal a choked disc in each eye. Perfect central vision, therefore, is not inconsistent with the occurrence of choked disc associated with grave intracranial disease, and headaches are not always due to errors of refraction, or to muscle imbalance. It follows clearly that every case of headache sent for investigation of refraction should be thoroughly investigated with the ophthalmoscope.

In most cases of papillitis, other than those due to intracranial pressure, central visual acuity is early depressed so that the risk of missing the disease is less likely, and this is particularly the case when there is also extensive retinitis. In albuminuric neuro-retinitis, for example, the macular region is quickly, if not simultaneously, involved with the optic nerve-head, and failure of central vision may be the symptom which leads the patient to the eye man. The visual defect may be the first sign, though the nephritis is already far advanced.

Another disease in which central vision may remain intact for a very long period is retinitis pigmentosa. It is congenital in origin, has often a noted prolonged course.

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and central vision may be normal until the almost inevitable posterior cortical cataraci makes its appearance. To be sure there are defects in the field of vision, usually of the nature of a ring scotoma which broadens out in each direction until there is simply extreme contraction of the field. The field may be contracted close to the fixation point, yet central vision may remain normal. In this condition there is no likelihood of the visual defect passing unnoticed, for such patients have great difficulty in getting about. They see only the things actually looked at, so they grope about wildly amid surrounding objects that normal people appreciate by means of peripheral vision. A similar field, or rather an absence of field, is not infrequently obtained in hysterical patients, but their behavior in walking about at once reveals the fallacy of the subjective test. Perimetric observations are purely subjective tests.

In early cases of primary optic atrophy, central vision may be intact, and they are liable to be overlooked unless the fundus is carefully examined and the field investigated. The field will usually show definite uniform contraction. Allied to these cases, and dependent upon similar cause, are the early cases of primary glaucoma. tension may be quite normal, the fundus may be normal, or there may be arterial pulsation, or even deep excavation of the disc, but the field will show contraction to the nasal side. The history of the disease. the condition of the other eye and, as a last resource, investigation of the central field by certain methods, may serve to distinguish between these two types of early

The disease in which the central visual acuity is depressed, in spite of the absence of refraction error, or its correction, and in spite of the absence of gross disease, whether in the fundus or other parts of the eye, belong to the most part to two groups, viz.: Those designated retrobulbar neuritis, and those in which there is disease of the higher visual nervous centers or tracts. Owing to similarity in clinical symptoms the toxic amblyopias—of which alcohol and tobacco amblyopia is the form most frequently seen— are usually included in the class of retrobulbar neuritis. The pathogenesis of the various forms of toxic amblyopia is obscure, but anatomical evidence and experimental investigation tend to show that it is disease in different forms. Thus alcohol and tobacco amblyopia is probably due to primary degeneration of

the ganglion cells of the retina. On account of the greater vulnerability of the cells of the macular region, the papillomacular bundle of nerve fibres first succumbs, thus causing symptoms which are indistinguishable from those caused by primary destruction of the papillo-macular fibres themselves behind the globe, as in true retrobulbar neuritis. Quinine ambly-opia, on the other hand, is principally due to disorder of the vascular system manifesting itself locally in the eye by extreme passive constriction of the retinal blood vessels with consequent anæmia and consecutive degeneration in the retinal. Hence in this form of general amaurosis of extreme contraction of the field of vision ushers in partial, or complete optic atrophy, and there is, no resemblance clinically to retrobulbar neuritis. I have seen a case of poisoning by extract of felix-mas, in which the patient took a dram of the extract three times a day for ten days. The result was a toxic amblyopia showing some resemblance both to quinine amblyopia, and to the optic atrophy of lead poisoning. One eve eventually showed normal central vision with slight contraction of the field, and temporal pallor of the disc, while the other showed complete blindness with total optic atrophy. I have also seen a case of toxic amblyopia in a patient suffering from diabetes, who was a non-smoker, the clinical picture nearly resembling that of to-bacco amblyopia. The most prominent feature in these cases is the greater vulnerability of the papillo-macular fibres, explaining the obscuration of the central portion of the field of vision, as shown by the development of a relative, or even absolute central scotoma. The field of vision, however, is usually one of the last subjects which receives attention in the clinical investigation of a case. Ophthalmoscopic examination may show no abnormality in the fundus, or it may show doubtful increased pallor in the temporal portion of the disc, or rarely pronounced papillitis; in later stages partial or complete optic atrophy may be present.

In slight cases there is one objective sign which outweighs the many subjective symptoms which are so often ambiguous and open to doubt; the retro-ocular affection interposes a partial block to the transmission of afferent pupillary impulses; hence, careful examination of the reaction of the pupil to light will show that although it contracts more or less normally, the contraction is not maintained under the continued inci-

dence of the light. Instead of remaining constricted the pupil slowly dilates, though the light is still directed upon the retina. It would appear that the preliminary stimulus of light suffices to establish an impulse which overcomes the block upon the afferent pupillary system, but that the succeeding stimuli being of less intensity fails to create sufficiently powerful impulses to sustain the reaction. One could scarcely adduce a stronger example of the necessity for careful and methodical examination of the pupillary reactions at an early stage of the investigation of a case.

These remarks on the pupil reactions of retrobulbar neuritis leads one naturally next to refer to those cases of retrobulbar affection occurring in disseminated sclerosis. This disease, unlike tabes, rarely appears first in the ophthalmic clinic, yet when one realizes that it is often extremely difficult to diagnose between it and functional disorder, and that about half of the cases of disseminated sclerosis have ocular symptoms, its importance to the eye surgeon will be readily appreciated. The partial blockage of afferent tracts, which has been exemplified in the pupillary reaction, is characteristic of multiple sclerosis. The group of diseases with good central vision, and no fundus changes, dependent upon diseases of the higher visual tracts, or centers, differ clinically from the retrobulbar cases in the persistence of normal pupil reaction. Blockage of the visual impulses in the optic radiations, or destruction of the cortex of the occipital lobe, i. e., any lesion of the visual tracts above the external geniculate body, superior colliculus, and pulvinar of the optic thalamus will produce the characteristic visual defect. Central vision escapes except in the very rare bilateral lesions, on account of the bilateral representation of the fovea in the occipital lobes. The pupillary reactions are normal owing to the escape of the whole pupillary reflex arcs. Help in diagnosis is here obtained from the hemianopic pupillary reaction of Wernicke, which is characteristic of blockage of one optical tract. The visual lesion is usually a homonymous hemianopia. It is true that some of these cases will show changes in the fundus such as those due to intracranial tumor involving the occipital lobes, or pressing upon the higher visual tracts, when the presence of choked disc may be anticipated. amaurosis of uræmia is probably due to an unknown toxic product of metabolism acting upon the higher visual centers, since in

most of these cases the pupil reactions are intact.

While the chief impelling motive of this paper has been to emphasize the importance of systemic examination with careful attention to detail in the investigation of visual acuity, and of pupil reaction, I am impelled to ask your indulgence for a moment more while I urge upon you a careful and thoughtful guidance of your patient. It is expensive, it is criminal to permit this patient, who has come to you with an allabiding faith in your judgment as a physician, and in your integrity as a man, to leave your office door without your counciling him upon the immense importance to his future well-being of securing the earliest and most accurate diagnosis, and the most effective treatment. Blindness is a terrible thing! and we, who have devoted our time, our energies, and our intellects to the study of surgical disease of the eye, constantly meet cases that have first gone the routine of optical shops and oculists only to finally learn that they have sought skilled treatment when too late. In closing I am going to illustrate this statement by an example from my case record. A middle aged woman totally blind is assisted into my office. It is a case of double glaucoma. She had gone the rounds and sought the specialist at the last hour, the dernier ressort. In the incipiency of the disease she had found failing sight, had sought relief in the optical shop—no pain, no inflamation in or about the eye. Vision continued to fail rapidly, glasses were changed repeatedly and valuable time lost at a great cost to the patient—that of sight. she received careful detailed examination by a competent man four years preceding when sight began to fail, and she went about seeking relief, had she received proper advice, proper treatment, had she been encouraged by her physician, and her family to adhere to the right advice and treatment, this dreadful outcome might have been avoided.

These cases are constantly occurring, and run the gamut from minor to major ailments. In closing, gentlemen, let me again urge upon you that eye involvements coming within your care should receive, if you accept them, careful, thorough, detailed examination. If you are like a general practitioner, who I once heard answer the question as to why he refused eye cases with the statement that he knew nothing about eye cases, and "didn't have to know," then send them to a trained specialist, one

in whom you have confidence, and a confidence that you can transfer to your patient.

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EYE STRAIN.*

By Enoch Blackwell, M. D., Trenton, N. J.

Before I took up the eye as a specialty, I thought I could go to some medical center for three or four months and come back a specialist. At the end of that time I began to realize what a big subject the study of the eye was and how broad the field, and I realized how one can spend his whole life on that one part of the human anatomy and still not know all there is to be known about it.

The subject which I have taken to-night, Eye Strain, is a big subject of itself and it would be impossible to do it justice in this paper with the time alloted to me, so I have tried to choose those parts relating to this subject which have the most direct bearing upon one's everyday practice, as general

practitioners and as specialists.

We hear a great deal more about eye strain nowadays than was the case in our fathers' and grandfathers' time, not because the eyes are weaker, but because they are called upon to perform far harder service than was the case at that time. It is rare to find a perfect eye I had that fact impressed upon me when I first began to work in Dr. Callan's Clinic at the New York Eye and Ear Infirmary. I took an Italian woman to refract and came back with the report that her eyes were normal. I was told to go back and look her over again more carefully. The chief still was not satisfied until he had looked her over carefully himself, when he told me he doubted me because it was so rare to find a normal eye in that clinic. This does not necessarily mean everyone should wear glasses; only those whose defects give them trouble. or are liable in the future to give trouble, as in myopic eyes which should always be completely corrected, as they have a tendency to grow more myopic very fast unless corrected. A person is never more hyperopic than when they are born and they become less hyperopic as time goes on and eventually may even become myopic. Persons are seldom born myopic.

Many physicians make the mistake of thinking because a patient can read normally at twenty feet there can be no trouble with the eyes, but frequently they are the ones needing correction the most as it is often the smaller defects which give the most trouble, for in big defects the eye does not try to overcome the defect except when absolutely necessary, as it finds the effort too great, while it is constantly overcoming the smaller defects, hence the eye strain. The only way to discover these defects is to give a cycloplegic and carefully refract, I say carefully because it is only with care that the smaller defects can be brought out and corrected. Beware of the man who boasts he can examine a patient for glasses in ten or fifteen minutes for it cannot be done. There is no short cut to good refraction, you have to go the round about way.

Often a physician will put off sending his patients to an oculist because of the nervous state they are in, when that very state may be caused by eye strain and the patient does not get better until the eyes are made emmetropic. Again the family physician should be more specific about sending his patient to a reliable oculist, as often the patient thinks to save a little he or she will go to the optician, not knowing the difference between an oculist and an optician, and they will refer to the optician as Dr. So and So. If you physicians could but see some of the results of their work you would be more careful. For instance, a few weeks ago I had a patient, Mrs. S., who had been going to an optician and kept getting worse all the time. When she came to me she was in a terrible state, suffering with all the symptoms of eye strain. She was wearing a strong minus cylinder in both eyes, when she really needed a strong plus cylinder in one eye, and a plus and minus correction in the other. Added to this was a great deal of muscle trouble. That woman was weeks getting over the effects of that optician's work.

I also had a man who came to me in poor circumstances wearing glasses which did him no good whatever as he was suffering with glancoma and the optician who examined him did not know he had any disease of the eye, but he knew the glasses did not help him any, and yet he sold the glasses and got his money, from a patient who could ill afford to throw any money away.

^{*}Read before the Mercer County Medical Society, April 2, 1915.

The only time to do any good in glaucoma is to get the patient early, but after they trifle with the optician for a while it is often too late to do them any good when they come to us. I will refer to one other case, that of a young boy who was nearly blind in one eye, the result of having improper glasses put on him when he was first refracted and by the time he came to me he was in such a condition that it was too late to save the eye for vision, otherwise the eye was perfectly healthy. I will refer here also to the great disinclination of the general practitioner, in some instances, to refer their eye cases to the oculist. For instance, they will keep on treating an eye developing glaucoma, with a little eye wash which does no good, or treating other diseases equally serious, not knowing the significance of the seemingly innocent symptoms until it is too late to give any relief, when they do finally get to the oculist: This is no reflection on the ability of the general practitioner, for it is hard at times for the man who has made the eye his life study to diagnose these

Very frequently we get cases that have been to opticians wearing a concave glass when they should be wearing a convex. This is a common error and a very disastrous one as it multiplies their troubles a hundred fold. After getting an eye emmetropic they will always tell you they see better when a concave glass is placed before the eyes, especially if they have no cycloplegic, and of course, the optician does not believe in giving drops of any kind. In the smaller defects and in young subjects it is impossible to give the right correction without drops. Among the com-mon causes of eye strain are hyperopia, myopia, muscle trouble, asthenopia, and cramp of the ciliary muscles. Simple hyperopia may not produce much eve trouble in young people unless it is two diopters or more. Also simple myopia may not produce much strain, the patient simply does not see well at a distance and usually becomes a great student, it being impossible for him to indulge in out-of-door sports. Astigmatism is one of the most common causes of eye strain and the defect is most often in the cornea, it may be in the lens or vitreous. In this condition, as you all know, rays of light entering the eve do not all focus at one point on the retina, some focusing in front, some behind or both in front and behind the retina giving us mixed astigmatism. For the patient to get a dis-

tinct outline of the object, he must overcome this defect by using his muscle power and in the young, whose tissues are soft and pliable, this pulling and stretching of the muscles cause a lengthening of the eyeball, producing myopia which is a permanent condition and is apt to progress to a point of damaging the vision. The surest way to stop this ever-increasing danger of near-sightedness is to correct the astigmatism during the growing period and often the children, where the astigmatism is not great, are able to lay aside the glasses when they become fully developed. The symptoms produced by astigmatism are, pain in the eyeballs, headache, nervousness, and finally relaxing of the muscles when the object immediately becomes blurred.

Presbyopia beginning may produce cramp both tonic and clonic, while on the other hand, this condition may be produced in the normal eye used to excess in bad light on railroad trains, etc.; also spasm of the ciliary muscle may result from too much minus correction and in using a minus where a plus is required. In tonic spasm of the ciliary muscle pain may become so severe as to make the family physician and patient dread cerebral disease until the

cause is discovered.

Now we come to muscle defects, when both eyes fix an object each gets an image on the fovea and the impression is transmitted to the visual centre as one distinct object. When one eye fixes the object and the other receives the impression at some point near the fovea we get a dim outline of the object and the muscles make an effort to force the eye fix, giving the patient a headache, soreness of the eveballs, various reflex symptoms. The chief cause of muscle insufficiency is some form of visual defect or anatomical effect of the muscles or weakness of indivual muscles, the result of some systemic weakness, diseased tonsils or turbinates and popypi, bad teeth, or teeth not erupted, rheumatism, and lues. Symptoms are, tired eyes after prolonged use, dimness of vision, words seem to jump, letters run together, and reflex symptoms such as dizziness, nausea, vomiting, fainting and all may become dark for a minute.

Asthenopia means a weakness of the eye. Retinal asthenopia is an over-sensitive and weak retina, usually occurs in females and is brought about by over use of the eyes in a bad light, too prolonged use of the eyes on fine work, exposure to sunlight and electric light, and reflection of the sun's

rays on the snow and in hysterical and nervous individuals. Chief symptoms are dread of light and lachrymation. These are the cases on whom the charlatan will put tinted glasses which should rarely be worn as they make the retina still more sensitive and after wearing a while they cannot do without them. The differential diagnosis and treatment of these conditions concern only the oculist, so we will not take up the time of going over that here.

Among the reflex symptoms due to eye strain not heretofore mentioned are, constipation, indigestion, heartburn, nervous attacks, fear of impending calamity, despondency, sleeplessness, and if sleep, it is not restful, nervous twitchings and epilepsy. To what extent these symptoms are the result of eye strain we cannot tell, but we do know often these symptoms disappear after the eyes have been properly corrected with

glasses.

A PLEA FOR ROUTINE RECTAL EXAMINATION.*

By David A. Kraker, M. D., Newark, N. J.

The purpose of this paper is to present, in as concise a manner as possible, a consideration of the most common ailments met with in and about the rectum; discussing particularly the results of the neglect to recognize and treat these conditions in the early stages, by the general

practitioner.

Proctitis the most frequent complaint, is possibly as common a condition as any in the human economy, but it is rarely diagnosed or treated by the attending physician in the early stages. Its onset is similar to an irritation of the mucous membrane in other organs of the body, but scant attention is paid to these symptoms, and seldom is proper treatment advised. The patient complains of burning and itching about the anus, a feeling of fullness in the rectum, desire to defecate is more frequent with a feeling as though the rectum was not completely emptied, a mucus discharge is noticed either before, after or with the stool, of a jelly-like consistency occasionally tinged with blood, this bloody mucus is more evident if hemorrhoids are associated with the proctitis.

The patient complains to his physician, and the usual advice is some suppository or

a pile ointment, no examination is made nor any real diagnosis, the patient assumes that he has piles, and the doctor agrees, and the inflammation goes on to the second stage; the pile ointment and the suppositories may have afforded some temporary relief, but the patient notices that the discharge has increased, the burning and pain are more severe, tenesmus is constant, he has difficulty in urinating while standing, has rumbling in the intestines, and abdominal pain not generally localized severe at times but of a dull aching character occasionally localized on the left side, in the back or in the flank, he is usually constipated, and often complains of fear to have a movement because of the pain, says there is a raw spot which pains severely during a movement and after, right inside the anus, his appetite is poor, he is losing weight, has night sweats ocasionally; the doctor becomes worried suspects tuberculosis or as is more usual neurasthenia; he goes over the thorax and the abdomen carefully, finds nothing serious, suggests the rest cure or a change of scene, but rarely, if ever, considers such a lowly organ as the rectum as likely to be the seat of the trouble, and the condition progresses.

The patient may discover a lump about the anus, it may be a pile that has become thrombotic and painful, an abscess may be forming, the result possibly of a fissure which has existed for some time. If the doctor does surgery he may suggest a pile operation, or he opens the abscess if that exists, but he does not examine the rectum beyond the sphincter; if his case does not improve he sends him to the proctologist, and he has a dirty case in more than one sense to care for. If the patient has neither a thrombotic pile, abscess or fissure, you soon discover on digital examination pus and blood in the slimy discharge coming away, the mucous membrane is roughened, and with the proctoscope you find an angry ulcerated condition of the rectal wall dotted with white or gravish looking patches, and it becomes necessary to differentiate as to syphilis, tuberculosis and a simple ulceration, the patches bleed as you touch them, the tissue is red and the valves are thickened and hypertrophied, the whole covered with a thick mucopurulent discharge; if the condition is still further developed you find difficulty in passing your finger into the bowel or the proctoscope will not go much beyond the sphincter without great pain; on closer examination you find the lumen narrowed, the wall feels thickened

^{*}Read before the Newark Medical League, March 15, 1915

and infiltrated, and if you can pass a small proctoscope you find the tissue hard, broken down and bleeding freely, a spongy tissue is seen, and the diagnosis is obvious—we have a stricture of the rectum, and likely the spongy tissue is malignant.

The foregoing, a brief description of a sequence of symptoms, and a gradual development of a serious condition, common in the experience of the proctologist, and which is usually on the face of it a real indictment for negligence, of the general practitioner due mainly to the usual practice of never, or rarely, making rectal examinations. It is an accepted principle in diagnosis, that training and experience is important in the proper recognition of symptoms to properly diagnose disease in any organ of the body. Why then discriminate in the case of the rectum? What esthetic objection there may be in the face of the routine vaginal examinations, is only a matter of habit, and the purpose of this paper is to urge the physician to buy a few finger cots and "Get the Habit" of making rectal examinations as a routine if possible, if not, at least when complaint is made of distress in this region. The proctoscope should be part of every physician's equipment, and he should train himself in its use, as only with practice can one become proficient.

About the anus, an untreated fissure will cause a tremendous amount of distress, and many cases have been treated for some time for different ailments, with complete relief only when a fissure was discovered and properly cured. The pain, constant tenesmus, nervous symptoms, constipation and general distress found to be due to a fissure are quickly relieved by division of the sphincter; this relieves the constant spasm which has produced the pain. In dividing the sphincter it is done under local anaesthesia, and if the incision is made at right angles, and through the muscle you will never have incontinence result. The after treatment is important, the wound should be kept open and allowed to granulate, it should be packed lightly with a thin gauze strip soaked in Balsam of Peru, the wound should be cleaned after each stool, this can be done by passing a toothpick covered with cotton, soaked in a mild lysol solution or even plain water, passing it from the bottom up, care being taken that no pockets form and abscess result. With a little care these wounds heal readily, and the cure is permanent. This method to me is more advisable than cauterization or divulsion. A rectal abscess should be freely opened by a large crucial incision assuring free drainage, packing lightly with thin strips of gauze saturated in Balsam of Peru to stimulate granulation, care being taken to keep the wound open and prevent pockets forming, breaking up adhesions at each dressing that might interfere with drainage, avoid the use of H₂O₂, as the liberation of the gas, if peroxide is injected into the wound is likely to spread the infective material into the deeper tissues. Wash out the wound with a mild lysol solution using either a hand syringe or a fountain syringe under low pressure at each dressing, stimulate the granulations with about eight per cent. nitrate of silver and pack with Balsam of Peru gauze. The patient must be cautioned to bathe the parts after each movement, and the wound should be dressed often enough at the start to be sure that no sinus is formed and a fistula will be avoided. A fistula is usually the result of a poorly treated abscess.

The treatment of proctitis is mainly local, internally the intestinal antiseptics are of benefit, I use menthol 5 gr. t. i. d., for the pain if spasmodic (enterospasm) tinct. belladonna, atropine or even an opiate may be necessary, if the pain is low down and much tenesmus an anodyne suppository may be used. The local treatment consist of mild astringent irrigations, in the Sym's position with hips elevated, painting the rectal wall with a mild solution of silver four per cent. or argyrol ten per cent., injecting olive oil at night, will relieve the inflammation readily. In the ulcerative stage, direct application to the ulcers with ten per cent. silver, astringent irrigations with the rectal tube, injection of bismuth plain or with iodoform in olive oil is required.

In conclusion, I wish to say again, that the purpose of this article is not to lay stress upon the treatment mentioned, but to plead for a closer attention to rectal symptoms; it has been my experience in the last six months to see in my private work, six cases of malignant disease of the rectum, the history of each showing rectal symptoms covering a period of from one to four years, in only one case had a rectal examination ever been made, and in none of these patients had rectal disease ever been considered, one case had recently been operated for appendicitis, although his abdominal pain was likely due to the rectal obstruction, as his pain was not relieved after operation.

Malignant disease of the rectum is more common than is usually known, and the need for routine rectal examination is very evident.

236 Broad Street.

THE CHILD AND THE TUBERCU-LOSIS PROBLEM.*

By Gordon K. Dickinson, M. D. Jersey City, N. J.

"As you think, so will you speak," so, in speaking is demonstrated one's accuracy of thought. Educated physicians often carelessly express their thoughts in loose termi-

inology.

Though tuberculosis has been studied for centuries and a very complete and accurate clinical knowledge has been obtained, our literature and our clinics are made ambiguous and the path of the young practitioner obscured by careless expressions. Neglected reading into the literature of the past and an-over-weening satisfaction with present day writings act as a stay to medical understanding. That which has been surmised for a century and accepted for a number of decades is just now obtaining prominence and being viewed by many with a critical eye as novel and, perhaps, too radical.

Tuberculosis is a body condition. Consumption, phthisis, tuberculosis of the lungs is but the final stage of a long con-

tinued semi-pathologic process.

Tuberculosis is an infectious disease: The infection being always acquired in childhood, attacking the lungs in later life, and producing the disease which has been recognized as long as there has been civilization, as phthisis or consumption.

Again, concisely, and, we think stated accurately, tuberculosis is a chronic infectious disease of childhood, becoming latent and tending, when conditions are favorable, to show active processes later in life, particularly in the lungs. It is the only disease which lasts a life time. The only disease which is dependent upon social conditions and an undermining of the general health for recrudesence.

It has a broad and important social side. From the physicians' standpoint it is looked upon as a bacillary infection. But the viewpoint of the public is as important as that of the profession, and it may be wise to

study it as one of the complications of poverty and bad hygiene.

There are those who have tried to argue as to its being inherited. Such possibly may be a fact, but it is entirely a scientific argument and of no practical importance, because an infant who may have taken the germ into its system through the placenta will be so lacking in resistance that its life would be too short to be considered in the

general body of statistics.

Poverty—Poverty is the great associate of tuberculosis, and by poverty we mean not only lack of money, but lack of brains. Men on a laborer's wage increase their families more rapidly than they increase their in-As the poor people are generally prolific, they find in a short time that they are compelled to feed, clothe, and protect a family of five, six or seven on the same wage that a few years before was sufficient for two or three. Their habitation is no larger, there is a smaller cubic space per individual, the air becomes contaminated, there is a breathing of expired air, the atmosphere becomes fouled by personal emanations and by the results of coughing and exhalation. This brings about the conplex known as poverty.

It has been shown that crowding and community of atmosphere lead to a general disability of the blood and the cells of the body, thereby we have a diminished power of resistance and a greater susceptibility to disease, particularly of the respiratory group, with the consequent lingering in convalescence. The larger the number of people in a few rooms, the greater the likelihood of a person afflicted with consumption impregnating the atmosphere of children and others with active bacilli.

Poverty means superstition, a fear of the harmless, a fear of that which often brings health and vigor. The poor man's condition necessitates body contact. A man of means, poor in brains, superstitious as to draughts, with closed windows, makes contact incidental. The delicate structures of children in either case run great danger of infection.

Dict—Improper and over-eating are active factors. Man as an animal had to dig and fight for his food. He probably did not obtain more than was good for him. He often was on the verge of starvation and felt the pangs of hunger. His intestinal tract was never surcharged. His blood stream was generally clean. The tissues of the body were flushed with proper blood. Then came the cook and a well-provided

^{*}Presidential address delivered at the meeting of the Academy of Medicine of Northern New Jersey. May 19, 1915, by the retiring president

table; numerous articles of diet; the pleasures of eating; a distended stomach and the conversion of the cecum into a cess-pool for residual feces and active baccilli, producing a chemistry to which normal man was not born. The resulting effect is fecal blood, bilious states, anemia, a general depression of the metabolisms of the body, and, according to Wright, not only a diminution in anti-bodies, but a delay in their formation when called for.

Sunlight—Sunlight is another very important factor. Strange it is that so many try to get away from it, and that the majority of people fail to comprehend its great beneficence. There is nothing that has a larger influence on the sense of well-being, good cheer, comfort of mind and body, than sunshine. We see it in the vegetable life, growth promoted, crops bettered, prosperity going hand in hand with it. The bacteriologists tell us of its wonderful influence in inhibiting and destroying germ life. And yet, how seldom we see houses constructed so that the maximum amount of sunlight may enter each and every room! How often in our institutions where children are detained for different types of invalidism, even for tuberculosis of joints and body, do we find the blessed light shut out!

With the well-to-do we have shades drawn in order that the carpets and hangings may be protected. The poorer classes are compelled, in order that the investments from the real estate may be sufficient, to live in quarters into which sunlight has

little possibility of entering.

In the summer months sometimes excessive heat and comfort of body lead to its exclusion. Here again we see the poor people suffer because of their poverty and the better class because of their superstition

and ignorant fears.

The immense value of strong sunlight as a therapeutic agent has been known for ages, but it was put into practical use and thoroughly demonstrated both clinically and scientifically by Rollier, of Leysin. Back in the Alps, high up where the sun shines brightly, where the actinic rays are intense, and where snow abounds, even though the air be cold, children are put out in the sun daily for increasing lengths of time until the skin tans so that they then may be out practically the entire day, and tuberculous foci in the bones, in the lungs, in the glands, and in other parts of the body receive the beneficient effect of the direct sunlight, with almost the beneficient effect of the direct sunlight, with almost marvelous results.

Live Air—Much has been written about the open-air treatment of consumptives and of those suffering from pneumonia, as well as other septic conditions. To such an extent has it been vaunted that the unfortunate misnaming of the treatment has allowed of a misapplication of it.

Hill, of England, has shown that the system is not materially injured by a slight increase of carbonic acid. It has been shown with equal truth that the expired organic matters do not alone militate against health and vigor. The amount of oxygen or ozone, or, in other words, the purity of the atmosphere in a room is not the sole factor for comfortable respiration. So the open-air treatment has fallen back largely to the open window with a screen between it and the patient. How strong is superstition and fear of a draught! The result is that the treatment of tuberculosis and other respiratory diseases by most physicians is incorrect. In the beginning, when pneumonias were placed on the roof, it was found that the mortality had been diminished as by no other method of treatment. Failure to comprehend the reason for this beneficial result has led to an alteration and a consequent lessened effect.

Open air to be beneficial must be live air, must be moving air. Sir Charles Bell, anatomist of a century ago, as a result of his dissections, came to the conclusion that the fifth nerve was a respiratory nerve, and this is the scientific key to the whole problem. A man suffering from asthma goes to the window that the wind may blow over his face. A person oppressed by a close atmosphere will go to the door and take in a few breaths. Women carry fans to stimulate the fifth nerve. The benefit to be derived from the open-air treatment is not because the air is cleaner or purer, but that it is moving, that it is living. Any one who has suffered from pneumonia more than once and has had the various treatments applied, will be enthusiastic over the relief obtained in easier respiration if he has had his face where the wind could blow over it.

In the rooms of the poor, windows are nailed down or kept shut. Likewise, in homes of the better class, where superstition reigns, the window is "down a little," and the shade also. The doctor is met with the expression "it has just been shut," or "we had it open for an hour this morning," he sees a screen up between the patient and window for fear of what they call a draught, not recognizing the fact that in-

stead of its being the Demon Draught it is the Angel Breeze.

Much has been said concerning school children and open windows. It is recognized that hard study in baldy ventilated school-rooms lowers the child's resistance and allows germs to become active. Teachers report that the mental fatigue coming to scholars in closed rooms is absent in the out-door school classes. In one of his papers Dr. Poland says, "But it is forbidden to open the windows! Talk of juggernauts and fetish worship! There never was a more hideous juggernaut than that of a worthless system of artificial school ventilation." In Vienna where they use double windows and heavy curtains, Von Pirquet found 70% of children infected at the tenth year.

Alcohol—In the homes of the poor, again, and, unfortunately, in those of the better class, we find the alcoholics. The poor man has few pleasures and those he has he runs to the extreme. One is the pint of beer or ale with his meals and again at night with his friends. With the other

class, it is wine or whiskey.

In spite of this universal desire for alcohol and the pleasures derived from it, the benumbing of the sense of worry and relief from mental and physical strain, the whole world is becoming conscious of the fact that it is deleterious, that efficiency is reduced, that the child of drinking parents is not as resistant to disease, that he may be a high-

grade defective physically.

The tendency to prohibit its consumption is extending all over the land. The public vote is towards abstinence. Whether from a social standpoint or from a scientific one, we can see the proof of tissue defect. Wright claims the anti-bodies are more poorly made and less promptly thrown out in alcoholic indulgers. Statistics of insurance companies and of hospitals, and the experience of astute practitioners of large practices show a greater mortality as well as morbidity rate. And it is in this class we find active tuberculosis more prevalent and more difficult to relieve.

In these matters gone over, an effort has been made to show the hygienic and social conditions which prevail where there is ignorance and superstition either among the poor financially or the poor mentally.

CONTAGION IN ADULTS AND CHILDREN. Adults—Consumption is not a contagi

Adults—Consumption is not a contagious disease from man to man, that is, from adult to adult, as it requires a massive dose to infect, and expectorated bacilli are

mostly dead. Laennec himself was one of the first to announce that he had come to the conclusion that this was a fact and that the danger of contagion was largely with children.

Wilson Fox's experience of twenty-seven years showed but two instances of married partners infecting each other. Weber in a much longer and larger experience saw but nine cases, while West, on the lookout for such cases, found only one instance in the course of twenty-five years, and that could hardly bear investigation. More recently, Osler and others speak of the rare instances of apparent contagion between man and wife or between the invalid and attending nurse. So rare is it, and so common the disease in the system as acquired in childhood, that even these cases are probably open to suspicion.

Children—Children born into these unhygienic homes suffer the consequence of conditions existing. Everybody loves the child. Everybody wants to display affection for the child, particularly the parents. The father and mother with unknown or suspected tuberculosis will hold the child on their lap when coughing, will kiss the child, will allow it to play with their garments and surrounding objects, will let it play with various articles which are more or less sputum-besmeared, and then see the child put its hands in its mouth, for the tendency of all children is to place things in their mouths. The possible sources of infection in early life are almost infinite, and there are divers ways in which the tubercle bacilli from an infected parent may gain entrance to the child. Then, in addition, the everyday milk containing bovine bacilli is fed to them.

TWO BACILLI-BOVINE AND HUMAN.

Bovine—Children are subject to two types of tubercle bacilli: the bovine and the human. Rare it is for a child to escape one or both. The life history of the bovine bacillus is different from that of the human bacillus. The bovine bacillus always enters by the stomach and intestinal tract, passing through the intestines without producing lesion, enters the glands of the abdomen and thorax, from there to be disseminated perhaps to the bones. The liability to tuberculosis of the different parts of the body varies with age. In little children it is essentially the glands that suffer, by preference, the bronchial and mesenteric; later, the cervical; still later, the It is not until early adult life that phthisis becomes prevalent.

There is now a general agreement of opinion that bovine bacilli are negligible as a cause of pulmonary consumption. The only question left open is the possibility of transformation of the bovine into the human type by prolonged survival in the human host, a view for which there is at present very little satisfactory evidence.

Human—The human bacillus is always

inspired. Experiences of Monti, Hamburger, and others show that the portal of entry is almost in a hundred per cent. of cases through the lung. In the lung it produces miliary lesions, and then passes to the mediastinal lymphatics where it becomes saprophytic and latent.

The bovine bacillus is rarely lethal. It remains in the system but a few years and is eventually overcome by nature's resisting

powers.

The human bacillus maintains its hold for the entire span of life and, when later in life considerations arise leading to ineffective immunity, such as long periods of worry, exposures to chill, pulmonary congestions, indulgence in alcoholics, congestion of lungs brought about by breathing heated air and then going out in the open, inhalation of irritating dust, and from any of the thousand adversities in the struggle for existance, then it leaves the glands, passes back to the lungs, and produces what we have been calling "tuberculosis," and which should be more properly called "tu-berculosis of the lung," "phthisis," or "consumption." No adult ever becomes a consumptive who has not been tuberculous.

Clinical—Clinical proofs of the susceptibility of children and of the probable origin of tuberculosis in childhood are seen in the records of institutions whose object is the relief and control of this disease. Upon the basis of all available evidence, it is apparent there exists an alarming prevalence of tuberculosis among children. Kelynack states truly that tuberculosis exacts a heavy toll from infancy and childhood. Infection most frequently takes place at this period, and a campaign against it is only waged with success if we can prevent its occurrence during childhood. The percentage of infected school children from tuberculous families remains the same as it was, that is 20%.

According to Stoll, 6% of the children die at the age of five years; at the age of ten years, 9% boys, 12% girls; at the age of ten to fifteen years, 18% boys, 20%

girls.

In Hudson County, New Jersey, we have

a hospital sanatorium for those who need to be segregated, and five clinics to which come all those who seem to have some disease of their lungs. In the year 1914, 1,301 adults were examined, and 592 children under fourteen years of age.

In New York City, of several hundred children given the tuberculin test, 31% of the girls and 21% of the boys were found

positive.

Lowman claims that 20% of the Cleveland school children are tuberculous, and in Boston, Drs. Floydan and Bowditch found 35% of one thousand school children examined infected.

In Paris 40% of the children showed signs of tuberculosis, 65% of these dying at the age of ten years. Grancher in his observations found 15% of 4,226 school

children suffering from the disease.

In Edinburg there has been a striking increase in mortality between the ages of ten and fourteen years, in spite of lowering of the death-rate from tuberculosis in general. Chalmers, of Glasgow, found a direct relation between the disease and poverty. there being a very marked increase among the children living in homes of one or two rooms.

Roder, of Berlin, found a surprisingly large number infected school children. Hamburger and Monti say 90% of the children in the Vienna hospitals are already tuberculous before reaching the age of twelve years. Similar results have been had in Prague.

Amongst a number of frail and delicate children, 50% reacted to the test; 13% among the robust ones. Schlussman found 5% among the better class. The frail child is four times as apt to be infected.

Children with tuberculosis of bronchial glands tend to develop the open type in badly ventilated school rooms.

Park has arranged a table of the percentages of the different types of the disease, as follows:

Cervical adenitis: 4% adult; 37% over

5 years; 57% under 5 years.

Abdominal tuberculosis: 16% adult; 50% over 5 years; 68% under 5 years. General tuberculosis: 3% adult; 40%

over 5 years; 26% under 5 years.

Welch claims that further statistics show that in the great majority of cases this almost invariable infection with tubercle bacilli in classes examined dates from before the fourteenth year of age. This conclusion is based partly upon autopsies, especially of those tested during life with

tuberculin, and partly upon results of testing of a large majority of infants and children for tubercular reaction.

The vast majority of cases of tuberculous infections in infants exists as tuberculosis of the bronchial lymph nodes, usually as-.

sociated with a focus in the lungs.

Von Pirquet writes that in the first year of life the chances are 90% that the child infected with tuberculosis will die. Brown considers it almost invariably fatal. prognosis in the second year is brighter. In most cases they have been surrounded by some tuberculous person in their homes.

While the percentage is doubtless smaller for children of the well-to-do and those in smaller towns and in the country, the significance of the figures given is scarcely diminished thereby, for it is with the poor classes especially that our methods of prevention must be directed.

SUMMARY.

It would be impossible in this short paper to refer to all that has been written on tuberculosis in childhood. The literature of the last year or so has contained many excellent and thorough articles on the topic, and reports of hospitals of the better class and of thoroughly conducted clinics have called special attention to the matter.

There are things which must be emphasized in our minds: that the opportunity or probabilty of contagion between adults is negligible and that the disease is incident to childhood, consequently the big problem not only of the control, but of the prevention of this awful white plague can only be successfully attacked in the care of chil-

It is a problem of education of the families. It is a problem of home life. It is a problem for municipalities. It implies and demands the erection of hospitals in which children suffering from incipient tuberculosis may have proper care and be cured. If a large percentage of our poor population has consumption in adult life, it is not only worth while, but mandatory that the State take up the problem and finance such institutions, for prevention comes before cure.

There can be no doubt that there is a public movement in the interest of child welfare. As Vanderbilt said when the Lusitania went down, "let's save the kiddies." Legislatures, municipalities and philanthropic associations are all uniting towards the care of early life in various ways. The public will soon know all concerning children and the tuberculosis problem, and that

politician will be a wise man who will get his ear to the ground and, in hearing, joins

in proper action.

We have been proceeding in the past according to the light that had been thrown on the problem. As we have become better informed and our knowledge has changed our viewpoint, so are we compelled to attack in a new and better way. We must continue to separate the advanced case not only for his good, but, where there are children, for the good of his family. We must give the milder case a chance to heal in order that he may return to his home and to his occupation. But when we touch the children then the duty becomes a sacred and all-appealing one, and must be taken up without stint of money and without cooling of ardor.

LEGISLATIVE AND PUBLIC HEALTH COMMITTEES.

By John S. Yates, M. D. Paterson, N. J.

The question of the necessity for active work on the part of Legislative and Public Health Committees of county societies is one which is given rather despairing attention on the part of certain members of these societies, and frank indifference on the part of others. There appears to be a rather common feeling that no matter what efforts may be made by well-intentioned members of these committees that the results, as a whole, do not justify the labor and self-sacrifice of those who assume the burden. As a matter of fact, the work is undesirable, to say the least, but the satisfaction obtained in accomplishing results which seemed unobtainable is some compensation for the labor involved, and the knowledge that such work brings with it, or should do so, the appreciation of one's colleagues, ought to act as an incentive to a sufficient number of members in each society to maintain at all times an active and vigorous prosecution of this work. At the outset, it may as well be admitted, that it is next to impossible to get members to volunteer to do this work, that is, to do all that a legislative and public health committee should try to do. By this I mean, the prompt and active prosecution of illegal practitioners and abortionists and a timely and intelligent attention to State legislation of a medical nature. The difficulty of obtaining such a committee to serve has been overcome in Passaic County by the passage of a by-law which automatically makes the vice-president of the society the chairman of the legislative committee. The vicepresident when he is elected assumes this duty. During his term as vice-president, he obtains a knowledge of medical law and its administration, which we believe the presiding officer of every county society should have, in order that he may best conserve the interests of its members. The lack of success hitherto on the part of the State legislative committees in opposing legislation introduced by irregulars, has been due, I believe, to a lack of unanimity and sympathetic help on the part of the constituent societies. If a unanimity of purpose could be fostered so that our State committee would not have the feeling of standing alone, or if conversely they had the feeling that they had a solid and united profession behind them, there can be no doubt that the results which were sought would have been more often obtained. The question then is how could this cohesion of purpose be brought about. It would appear to me that a very effective way of beginning would be to have a meeting, say twice a year, of the chairmen of the legislative committees of each of the county societies. These meetings to be held independently of the annual meeting of the State Society. The object of these meetings should be to exchange experiences in the prosecution of legislative work in the various counties, with the object of obtaining a general understanding as to the best and most effective methods of obtaining desired results. The State legislative committees should be invited to be present at these meetings, so that these county chairmen may be informed of any State legislation that may be pending, so that they in turn may report to the county societies with suggestions as to what the county societies may do to aid the State committees. Each county, I should assume, would be glad to pay the expenses of its representative at these semi-annual meetings and it should prove a good investment.

It does not require much thought to see wherein such a movement would have great practical value. Some of the results to be accomplished would be:

That the county medical societies of the State would be brought in close touch with one another at least twice a year.

A uniform and effective method could be developed of enforcing the medical law as it applies to illegal practitioners and others. Means might be considered of bringing pressure to bear on public prosecutors to

compel them to give more than a passing interest to the prosecution of violations of medical statutes. The support and strengthening of the State legislative committee; the opportunity its committee would have of reaching directly the county societies and compelling a more uniform support of the profession to the work they have in hand.

Clinical Reports.

Juvenile Psychosis.

Dr. H. Drysdale, Cleveland, reports a case of juvenile insanity in a lad aged eleven and remarks that the condition is, in his opinion, much less rare at such early ages than is generally supposed. The family history in this case was not good. The mother was at least eccentric and the grandmother had been insane and the father had been at one time intemperate. The child suffered from hallucinations and delusions and had a partial amnesia of his condition after the attack. Prolonged hot packs seemed to be most effective as a therapeutic measure in bringing about his recevery.

Acute Pemphigus Complicating Scarlet Fever.

Dr. J. M. Robertson-Ross, in the British Jour. of Children's Diseases reports the case of a boy aged ten years in whom on the thirty-second day of an attack of scarlet fever there appeared a bullous eruption which rapidly assumed a fairly general distribution, accompanied by an irregular pyrexia and running a course of little more than six weeks.

Communication Between Esophagus and Air Passages.

Dr. I. E. Rashb, in Russky Vrach, Petrograd, reports that in two cases of esophagotracheal fistula the cause was carcinoma of the esophagus and in one case trauma of the esophagus caused by a swallowed bone. The most prominent clinical symptom was severe coughing after swallowing food, especially fluids. Part of the swallowed food was expelled with the sputum. In case this symptom is not pronounced, endoscopy may help the diagnosis. The prognosis is absolutely bad, as the patients inevitably succumb to aspiration pneumonia.

A Bullet Nicking the Subclavian Artery.

Sir William Osler reports this case in a letter to the A. M. A.

I mentioned in my first letter the case of a Belgian at the Beechborough Canadian Hospital in whom the bullet passed through the mouth under the jaw, beneath the skin of the neck, and lodged below the left clavicle; the cervical triangle was filled with a pulsating mass. When first seen it looked like an ordinary traumatic aneurysm, and I felt sure that an artery must have been wounded; but after Dr. Armour had removed the bullet and relieved the tension, the pulsation ceased, and the second time I saw the patient there was nothing but the firm indurated swelling above

the clavicle with disability of the arm from pressure on the nerves. Then he began to bleed freely from the throat and from the wound, and it was quite evident that an artery had been opened. Dr. Armour operated and found that the bullet had nicked the subclavian artery, which he tied successfully, and the man has made a complete recovery.

Unusual Case of Vicarious Menstruation.

Dr. Hirschberg, in Zentral. fur Gynakologie, reports a case in which regular menstrual periods were accompanied by a passage of blood from the breasts. From the age of 15 to 17 there was a watery discharge from the breasts at each menstrual epoch, which began a day or two before and continued for several days after the genital flow. After 17 years this breast discharge was bloody. During three pregnancies the flow did not appear. She aborted twice, after each of which the flow returned as usual. After the third pregnancy, which went to term, the flow ceased and did not return. The doctor reports another case wherein the breast-bleeding occurred after a hysteropexy with castration.

Ovarian Cyst in Child of 12 Years.

Dr. A. H. Harrigan presented this case before N. Y. Academy of Med. Sec. Gyn and Obs. The patient had abdominal pain and voiniting four days previous to admission to the hospital; the vomiting was frequent and the pain persistent, quite sharp in character, and more intense in the left iliac fossa. Urination was painful and the bowels were regular. The examination showed a symmetrical abdomen, not distended, but there was rigidity of both recti, more marked in the lower abdomen, and especially on the left side. There was tenderness in both lower quadrants, but particularly on the left side. No mass was palpable. The rectal examination revealed a definite mass in the mild line, moveable, situated behind the uterus, and as large as a good sized orange. The temperature was 99.8 degrees and the pulse ranged from 74 to 120; the respirations were 24. The white blood count was 15,000 with 78 per cent. polymorphonuclears. A definite diagnosis was not made but operation was indicated. A mass was found lying between the rectum and the uterus; this was easily delivered and seen to be a cystic tumor the size of an orange. It sprang from the left broad ligament and its pedicle had two complete turns passing from the left to the right. It was black in color and almost gangrenous. patient made a complete recovery.

A Surgical Curiosity.

Dr. Sehrt, in Munchener Med. Woch. Feb. 8. describes the following case:

A woman, aged 58, was kicked in the abdomen by a cow. The injury was followed at once by violent pains in loco and vomiting. This happened early in the forenoon. In the evening, the symptoms having persisted, operation was proposed and refused. The symptoms slowly increased in severity and on the next morning the vomitus was of the coffeeground type. The author did not see the patient until 36 hours after injury. The abdomen was greatly swollen and sensitive to pressure. There was percussion dulness in the

ileocecal region extending to the navel. No flatus was passing. Laparotomy was now performed by pararectal incision. Upon opening the peritoneal cavity, there spurted forth under high pressure pus tinged with bile and of an insipid odor. The serosa of the intestine was strongly injected and covered with purulent-fibrinous exudate. The right rectus muscle was then divided transversely, the whole intestine brought forward and examined. About 70 cm. above the valve, an intestinal tear was found. It measured 2 cm. and involved the mesentery. The mucosa at the tear was coerted. A marked hemorrhage into the mesentery caused great thickening of the latter. Abscesses had formed at the site of the tear, loops of the intestine constituting the walls. The first act was to suture the wound. The loops of intestine were then cleansed of fibrinous clots. No less than eight collections of pus found between the coils were evacuated. One of these contained a very large specimen of ascaris lumbricoides. The adbominal cavity was now cleansed dry, the intestinal coils were replaced and the abdominal wound completely closed, but a loop of intestine well above the site of the lesion was sutured to the abdominal wall in case it should be necessary to reopen the wound. The lower angle of the latter was left open just enough to admit the pressure of a strip of gauze from the intestinal wound to the surface. On the next day the patient's condition had improved beyond expectation. However, during the ensuing day vomiting returned and persisted three days. Then both feces and gas came easy and patient began to recover in earnest. On the 8th-12th post-operative days patient had fever which subsided when blood and pus were evacuated. The author believes that under the use of tamponade the patient would have died.

Intestinal Obstruction.

Dr. J. E. Hodges reported this case to the Harris County, Texas, Medical Society.

It occurred in a patient 80 years old and was of three days standing when he first saw her. Obstruction was due to ventral hernia, following an operation four years before for ventral fixation. When operated, on the fourth day the bowel was found to be black and necrotic. The patient recovered although she was suffering from chronic nephritis and chronic eudocarditis.

Intestinal obstruction.—R. Morison states that for some years he has taugh that the diagnosis of intestinal obstruction is based upon a trinity of signs as follows: (1)spasmodic pain; (2)inability to pass flatus; and (3) evidence of increased peristalsis.—Edinburgh Medical Journal.

A New Treatment for Articular Effusion.

At one of the last sessions of the Academie des sciences Dr. Raoul Bayeux of Paris reported a new method of treating hydrarthrosis and hemarthrosis of the knee. First, an evacuating puncture is made with a trocar, then oxygen under pressure of 70 cm. of water is aseptically injected into the joint. These injections are repeated every two or three days and five or six injections of the gas are generally sufficient to produce perfect cure.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular monthly meeting of the Atlantic County Mcdical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, April 9, 1915, at 8.30 o'clock P. M.

The following members attended: Drs. Andrews, Bartlett, Bew, Bullock, Barbash, Chew, Conaway, Carrington, Clark, Canning, Darnall, Price Davis, Byron Davis, Fish, Fox, Guion, H. T. Harvey, E. H. Harvey, Harley, Holt, Ireland. Jonah, Miller, Emery Marvel, Philip Marvel, Marshall, Munroe, Martin, Poland, Roulon, Schmidt Stewart, Sheen, Stern, Senseman, Snowball, Scanlan, Shivers, Westcott and Williams.

As the speakers wished to return to Philadelphia on the eleven o'clock train, the scientific part of the program was presented before the business session.

Dr. Harry Lowenburg, of Philadelphia, opened the program with a paper on "Pyloric Obstruction in Infants." This paper was illustrated with moving pictures and lantern slides. Dr. Lowenburg spoke first of the etiological factors concerning pyloric obstruction, pointing out the two distinct conditions-hypertrophy and spasm, and showing how one or both of these conditions may be responsible for the obstruction. Pylorospasm is by far the most common of these types found, while at the same time it is to be remembered that the continuous spasm, by the activity of the muscular wall, brings about a secondary hypertrophy. In regards to the primary cause; it is thought that the milk or something in the milk of the mother is responsible for the spasm. The obstruction is either complete or incomplete, that is, partial, and it is important, first of all, to determine with which degree you are dealing. The essential thing in reaching a conclusion is to study the case clinically. Disregard the rathology and find out if sufficient food passes the pylorus to maintain nutrition.

The symptomatology of pyloric obstruction which is complete or very nearly so, is clean cut. 1-There is vomiting, which does not occur after each feeding but after a large quantity of food is taken. The dilated stomach holds an enormous amount of food and when vomiting occurs the food is ejected or shot out of the mouth and nose in volume; 2-constipation, another prominent symptom, is marked. There are no curds in the stool, which is composed of bile-stained mucus; 3—the weight and strength of the baby is away below normal. The weight curve is always downward, the loss being gradual and not sudden; 4-visible gastric peristalsis, this is caused by an attempt to overcome the obstruction by spasmodic contraction. This important symptom is manifested by giving the patient food and then carefully watching. Dr. Lowenburg showed a moving picture of a patient immediately after a feeding and at certain timed periods following, illustrating beautifully the projectile vomiting and the gastric peristalsis; 5-dilated stomach, which is an important point in the symptomatology, the result of the obstruction, gastric peristalsis and hypertrophy in succession. The degree of dilatation is sometimes enormous; 6-palpable

pylorus may not be present in the beginning but usually is later on. The child must be quict and food should be administered while the examination is in progress. A hard mass is felt in the pyloric region or sometimes very low down, possibly below the umbilicus; 7—X-ray slides arc of value in completing the clinical history, but the diagnosis may be made without the use of the X-ray; 8-the charcoal test is useful in the diagnosis of these cases. Ten grains of charcoal is given and the next day the stomach is washed out. If any charcoal is found in the stomach after this lapse of time there is obstruction. The nurse should be instructed to watch the discharge from the bowel and note the time of action and character of the stool and in this way the degree of obstruction may be studied. If there is evidence of complete obtsruction; this is of value in reference to operation.

In addition to the above symptoms, subnormal temperatures, scanty urine and general wasting are part of the picture and towards the end of fatal cases edema is observed which may lead one to believe the weight is increasing, but which is an unfavorable symptom. The cases in which the obstruction is incomplete present essentially the same symptoms as the cases in which the obstruction is complete, but to a lesser degree, and probably they are not so consistent. The vomiting of incomplete obstruction does not differ from that of complete obstruction while the degree of constipation varies directly with the degree of obstruction, and this in turn determines the degree of vomiting and wasting. If the obstruction is incomplete, curds will be found in the stool. The pylorus in these cases is not always palpable. If in spasm, it will be palpable, while if relaxed it will not be palpable. In doing the charcoal test a great deal will come through if the obstruction is incomplete.

In refering to the diagnosis, Dr. Lowenburg thinks that the average physician does not include pyloric obstruction in the range of possibilities. It is too often called "marasmus." Wasting is a symptom and not a disease—hence, think of obstruction. Every case of persistent vomiting in a breast-fed baby, regard as pyloric obstruction until proven otherwise. Sometimes this vomiting is blamed on cerebral pressure, but rarely this is the cause. Cyclic vomiting is a condition which occurs in later childhood and probably depends on obstruction occurring in infancy with a partial 1 ccovery.

Relative to the treatment, there are the surgical cases and the non-surgical cases. A great many do well under the ordinary routine of treatment while certain cases of complete obstruction must be operated on. A gastroenterostomy is the usual surgical procedure and probably has given the best lasting results.

Dr. Lowenburg's paper was discussed by Drs. Senseman and Miller.

The second number on the scientific program was an unusually interesting discourse on "The Practical Value of Recently Developed Immunological Reactions" by Dr. John A. Kohner. of Philadelphia.

Dr. Kohner spoke first of the Abderhalden reaction in pregnancy, describing the technic and discussing the possibilities connected with the test. He strongly advocated its use in diagnosis, and while some authorities are not

agreed as to the specificity of the test, still enough successful work has been done with it to warrent its continued use and careful study. The principal of the test is found on the theory that in the blood serum of pregnant women there exists a proteolytic ferment which is capable of attacking placental tissue. Briefly, a piece of placenta, specially prepared, is introduced together with the serum of the patient suspected of being pregnant, into a dializing container made of membrane. The membrane must be of just such a thickness and construction that osmosis can readily take place. This membrane container is then immersed in distilled water and the mixture placed in an incubator. The next day the fluid outside the membrane is tested for the presence of substances which will react with These substances, if they are ninhydrin. tound, are supposed to be derived from placental protein as the result of the action of the ferments or anti-bodies in the serum. Dr. Kohner is at the present time working on a skin test for the diagnosis of pregnancy and expects, before very long, to have the technic perfected so that the Abderhalden test can really be done by studying a local reaction similar to the luctin test.

Dr. Kohner then discussed immunity in diphtheria and said that the immunity acquired after an attack of diphtheria is usually short and not nearly so complete as the immunity established after other acute infectious diseases, such as scarlet fever. As to the value of immunizing doses of antitoxin; horse serum is a foreign element and is rapidly eliminated. It would be much more safe, desirable and lasting if we could immunize the patient with small increasing doses of diphtheria toxin. The objection to this is that the toxin is not absorbed very quickly and so produces a local inflammation. It is suggested that a mixture of toxin and antitoxin be used. This mixture would be absorbed very quickly and after it is in the circulation, the two disassociate. second dose could then be given with the toxin a little in excess and then a third dose with still more of the toxin, and so on until this so-called "T. A." mixture establishes immun-

ity.

The dangers which could be encountered if the toxin were given alone are paralyses and the untoward influence on the palate and on the ganglia of the heart. In substantiating this procedure, the serum of a so immunized person may be injected into guinea pigs. Diphtheria toxin is then injected under the skin of the guinea pigs and if there is no local reaction, it is reasonable to believe that there is sufficient antitoxin in the serum of the person for immunizing purposes. Many persons have antitoxin in their blood, one twentieth of a unit being sufficient to render them immune under ordinary circumstances. This fact was brought out by Schick of Vienna, who found with his test that the blood of about sixty per cent. of children and ninety per cent. of adults, contains sufficient diphtheria antitoxin to render them insusceptible to immunizing doses of antitoxin.

In doing the Schick tset, a fine needle and bulb is used and the needle is inserted intracutaneously, not subcutaneously, so that there is a little white wheal after the diphtheria toxin is injected. Only minute qualities of the toxin

are used and if the needle is inserted beneath the skin instead of into the skin, neither the wheal nor the flush will be seen, and so the reaction cannot be followed. The result is apparent at the end of twenty-four hours and if the blood of the patient contains no antitoxin, or if it is present in so small a quantity that it is insufficient for protection, a positive reaction appears, which is characterized by a circumscribed area of redness which constantly increases, and an induration which reaches its height in forty-eight hours and lasts about a week, leaving a brownish pigmentation with scaling. Dr. Kohner has used the Schick test in several series of cases and has found it very valuable, especially in hospitals and institution work. Even in private practice, where there is a case of diphtheria occurring in a large family; the test is of the greatest usefulness, saving, possibly, many of the household expenses and also the fright and discomfort of having a prophylactic dose of antoxin administered to them.

Dr. Kohner concluded his remarks by referring to "Anaphylaxis" as the result of serum and antitoxin injection. Many cases of serum sickness occur in which there developes, after the injection of serum, an urticarial rash. There may be accompanying adenitis and perhaps the joints may be swollen. Some of these cases get desperately ill but usually, with some hard work, can be revived. There are, however, on record, thirty or forty cases of fatal anaphylaxis; but it rarely occurs.

Before administering serum, one should always satisfy himself that there is no hypersensitiveness. Always inquire if the patient has had asthmatic attacks or whether dyspnoea develops when around horses or near a stable. If uncertain, apply the skin test. Use one drop of horse serum in the same manner you would vaccinate for smallpox, and if the patient is hypersensative there will occur a reaction characterized by redness, edema and itchiness. Never give a patient from whom you elicit a history of asthma or hypersensativeness, or on whom a serum skin test is positive, anti-

This paper was discussed by Drs. Chew, Stern, H. T. Harvey and Marvel.

The third paper of the evening, read by Dr. Emery Marvel of the local society, was entitled "The Treatment of Empyema." Dr. Marvel's paper dealt with the treatment of empyema principally from a surgical point of view and plead for radical procedure in practically every case as soon as possible after the diagnosis has been made.

Following Dr. Marvel's paper, the business session was held.

On Saturday evening, April the 17th, a special meeting of the society was held in the auditorium of the Atlantic City High School. Dr. Woods Hutchinson, president-elect of the American Academy of Medicine, delivered an address on "Health as a Factor in Efficiency."

Meeting of May 14, 1915.

The regular May meeting was held at the Hotel Chalfonte, Atlantic City, Friday the four-teenth. Fifty-three members were present.

The scientific program was opened by Dr. William Benham Snow, of New York City, who read a paper on "Relative Value of the Electrical Currents in Therapeutics from the Modern Point of View."

Dr. Snow presented a very elaborate and well prepared paper on this interesting subject and included in the range of his discussion the comparative values of the different electrical currents based on his own wide experience. He emphasized the fact that the "static" current is the most useful of all and has the most therapeutic value. He also took up the subject of light and heat rays and their therepeutic application. He concluded his paper by saying that failure, with the use of electro-therapeutic measures, is always due to either error in diagnosis or faulty technic.

The second number on the program was an interesting and instructive talk on "Joint Conditions Frequently Mistaken for Rheumatism," by Dr. R. T. Rugh, of Philadelphia.

Dr. Rugh seemed to think that in making a diagnosis of a given joint condition, rheumatism should be the last malady thought of. Rheumatic joint should be diagnosed only after having excluded all other possible causes. He then went briefly into the important points in the differential diagnosis between rheumatism and other joint conditions, such as: Traumatic joint, tuberculous joint, acute sepsis, gout, arthritis deformans and gonorrhoeal arthritis, and laid special stress on the folly, as is practiced by so many physicians, of calling all aches and pains and swellings which occur about a joint, rheumatism. A case should be studied carefully, and if necessary for a long time before jumping at a diagnosis of rheumatism; in other words, the diagnosis should be made by exclusion. Cases of painful swollen fect, so often called rheumatism by the physician who then loads the patient up with salicylates and is contented, are practically always strained, over-worked feet that need only a good rest and proper support.

The papers of Drs. Snow and Rugh were discussed jointly by Drs. Martin, Stewart,

Schmidt, Stern and Reading.

A vote of thanks was extended by the society

to the speakers of the evening.

At the business meeting which followed the matter of entertainment for the Pennsylvania State Society was taken up and a committee appointed to ascertain just when that society will be in Atlantic City and to make all necessary arrangements.

A communication from Dr. Henry Ritter, recently of Atlantic City and now of Battle Creek, Mich., was read in which he expressed profound regret in having to sever his connections with our society in order to take up his new duties at the Battle Creek Sanatorium. The society in accepting his resignation ordered the secretary to acknowledge the communication.

A communication from Dr. D. F. Weeks, in charge of the Home for Epileptics at Skillman, N. J., was read in which he again extended to our society an invitation to hold a meeting at the institution. He suggested that we meet there together with the Somerset Medical Society on June the tenth. A committee was appointed to take action on the matter.

The Committee on Legislation read a communication from Dr. W. W. Keen, of Philadelphia, relative to obscence post cards which are to be had along the Boardwalk and in which he suggested that some action be taken by the society. The following resolution was then proposed and unanimously adopted:

"Whereas, Vulgar and obscene and sensuous post cards have been bought and are also openly displayed at various shops along the Boardwalk for sale to children and adults, and protest has been made by a well known Philadelphia surgeon and visitor against this breach of moral and hygenic law, which is also contrary to the city ordinances.

"Resolved, That the Atlantic County Medical Society condemn the practice and through its proper committee call upon Director of Public Safety William H. Bartlett to confiscate all such post cards and enforce the city ordinance

governing their sale."

CAMDEN COUNTY.

Edward B. Rogers, M. D., Reporter.

The regular meeting of the Camden County Society was held in the Dispensary, Camden, on the evening of February 9, 1915, at 8 o'clock. Owing to the absence of Dr. E. A. Y. Schellenger, our President, who was ill with an attack of pneumonia, and the absence of the vice-president, Dr. Wm. H. Iszard was elected president pro tem.

On motion of Dr. Daniel Strock, fifty dollars was voted to be sent for the relief of the stricken Belgium physicians and on motion of Dr. Strock a resolution was adopted and sent to the Camden County Board of Freeholders requesting them to establish a bacteriological laboratory for the examination of such specimens as were sent by the physicians of Camden County.

The following applications for membership were received: Dr. Clara Horner, Camden; Dr. Thomas M. Kain, Camden; Dr. Thomas K. Lewis, Merchantville; Dr. Addison B. G. Reader, Camden.

The meeting was adjourned after a short business session and the evening was given over to entertainment of the members, their wives and sweethearts, after which refreshments were served to those present.

Meeting of May 11, 1915.

The regular May meeting of the society was held at the Old Thompson Hotel, Gloucester, N. J., Dr. E. A. Y. Schellenger presiding.
Dr. Wm. A. Wescott, of Berlin, read a very interesting paper entitled "A Brief

Dr. Wm. A. Wescott, of Berlin, read a very interesting paper entitled "A Brief Sketch of the Life of Dr. John Snowden," who was formerly president of the county and State medical societies; his home for a great many years was on the site of the present county hospital for the treatment of tuberculosis at Ancora, N. J.

On motion of Dr. William C. Raughley a committee, consisting of Dr. Raughley, Dr. Wm. A. Wescott and Dr. John R. Stevenson, was appointed to arrange for a suitable tablet or memorial for Dr. Snowden to be placed in the county hospital at Ancora.

Dr. E. A. Y. Schellenger read a paper on the "Camden County Tuberculosis Sanatorium at Ancora." calling attention to the requirements for admittance.

The Camden Board of Freeholders having made no response to our request for a county bacteriological laboratory, on motion of Dr. Daniel Strock, a committee was appointed to attend their next regular meeting and make a personal request, that they establish a county bacteriological laboratory.

The following were unanimously elected to membership after having been approved by the Board of Censors:

Dr. Clara F. Horner, Camdén; Dr. Thomas M. Kain, Camden; Dr. Thomas K. Lewis, Merchantville; Dr. Addison B. G. Reader, Camden.

The meeting adjourned and the members and guests were given a planked shad dinner such as can only be had in Gloucester and vicinity. The meeting was well attended and considerable life was manifested in the business session, especially by some of the younger members, which is an exceedingly healthy sign for any medical society.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The regular semi-annual meeting of the Cape May County Medical Society was held at the Hotel Columbia, Cape May City, April 6, 1915, with the president, Dr. Emlen Physick, in the chair. The following members were present: Drs. Physick, Dix, Douglass, Haines, Mace, Scott, Hughes, Marcy, Wells, C. W. Way and E. Way.

Dr. Charles M. Gandy, United States Army, was by request, transferred from honorary to active membership. Dr. Edgar A. Draper, of Cape May, was on recommendation of the Board of Censors, elected to membership. Dr. Charles L. Gandy, United States Army, was elected an honorary member of the society.

Professor J. Madison Taylor delivered an address on "Remarks on Therapeutic Recourses Other Than Drugs." The address was interesting, instructive, eloquent and up-to-date in all respects, and Dr. Taylor was given a hearty vote of thanks by the society.

Dr. Edward C. Pechin then addressed the society on "The Management of Normal Labor Including the Use of Pituitrin and the Twi-

light Sleep."

Professor Wm. H. Wells opened the discussion on Dr. Pechin's paper by saying: "It is a paper after my own heart," and gave a summary of present-day obstetrics, offering many valuable suggestions.

Twilight sleep was condemned as not practical or safe and should not be employed except in a maternity hospital and under the care of trained specialists and assistants.

Dr. Wells and Pechin were voted the thanks of the society.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The Essex County Society held the last meeting of the season at Newark on May 4th. It was a combined business and scien-"f'c meeting; the visiting speaker of the evening was Dr. James J. Walsh, Professor of Nervous Diseases and History of Medicine, and formerly Dean, Fordham University, New York. His topic was "The Meaning of Cures in the History of Medicine," and which included consideration of the cases which make the reputation of osteopathy, christian science, and a host of other similar things. (We though Dr. O. W. Holmes, if speaking, would have said host of "kindred delusions!") the inimitable humor, and characteristic enthusiam for history, of Dr. Walsh he entertained us with a most instructive address on present day practices in the light of the past; the laity getting a full-blast of good natured ridicule, even the medical profession not escaping the pillory of being tainted sometimes with the sordid influence of this commercial, unscientific spirit. The committee reports, which are called for at every monthly meeting, were important, and especially noteworthy were those of the Public Health Education Committee in pushing the A. M. A. propaganda of enlightening the public, the Milk Committee which presented a study of the commercial milk problem, and the Committee on Care of the Insane and Feeble-minded which had carried through a partial reform in the public handling of indigent cases and secured for every practitioner the services of the public ambulance and county asylum without the intervention of the police department, matters which had long needed improvement. The report of the Milk Committee has been forwarded for publication in the Journal and will be found on another page of this issue. It deals with the broad problem of the entire milk supply of a great city and makes suggestions for public health boards. The president of the State Society, Dr. F .D. Gray, was present and spoke of the county's relation to building and solidifying the influence of the medical profession throughout the State. Another jump in increase of membership was reported by the special committee on new members in a ballot containing 25 names for election, making a total increase this one year of 89 new members which is about 25% of the membership. The following are the new members elected:

Drs. Walter Post and P. B. Thompson, of Bloomfield; Dr. Aaron G. Baldwin, of East Orange; Drs. Joseph O. Dwyer, Arthur H. Richardson, Victor B. Seidler, Robert F. Ringland and Robert D. Schimmelpfennig, of Montclair; Drs. William Bachman, F. Baldassarre, John B. Casale, Emanuel Denholtz, Elwood M. Easton, Sandford J. Ferris, Robert A. Giuliana, William F. Hoeler, Harry Klein, Minnie J. Lawrence, Elizabeth Madison, Henry H. Rich, David Schack, William R. Silverstein, Eugenio Sturchio, Carlo F. Tomassi and Florence E. Voorhess, of Newark.

The Essex County Pathological and Anatomical Society held the last meeting of the season on Thursday, May 13th, presenting the

following instructive program:

Malignant Fibro-blastoma, Sphenoidal Sinus, Drs. Eagleton and Sutton; Neuro blastoma, Abdominal Cavity, Drs. Harden and Gray; Abdominal Aneurism, Dr. Lowrey; Syphilitic Orchitis, Drs. Hagerty and Gray; Carcinoma, Rectum, Drs. Hagerty and Gray; Carcinoma, Ascending Colon, Dr. Haussling; Carcinoma, Appendix involving Caecum, Dr. Dukes; Specimens from St. Michael's Hospital, Dr. Gray; Specimens from St. Barnabas Hospital, Drs. E. A. Ill and Hosp; Lantern Slides showing unusual condition of Appendix, Dr. Gray.

The Academy of Medicine at the stated meeting May 19th heard the annual address of the retiring president, Dr. Gordon K. Dickinson and an address of unusual excellence it was, the topic being one of extreme importance, not merely because it was on tuberculosis, but because it showed that that subject of "The Child and the Tuberculosis Problem" was much more than a pediatric matter and

struck right at the heart of all tuberculosis, inasmuch it begins in childhood and whether it shows in infant mortality tables or only in the mortality, or morbidity, of adolescent or adult life, it is best fought preventively in childhood. The paper has been asked for publication in this Journal. The discussion which followed emphatically of a commendatory character. The Section on Pediatrics May 6th had a clinical meeting. The Section on Medicine met May 11th, Dr. E. D. Newman presented cases of Skin Disease, Dr. Philip Conlonone of Cervical Rib, Dr. James Lowrey some from the City Hospital, Dr. F. C. Horsford some from the City Dispensary, and Dr. C. C. Beling Neurological Cases. The Section on Eye, Ear, Nose and Throat met May 24th. Dr. H. B. Orton presented a case of Chronic Diphtheria of Antrum of Highmore; Dr. F. C. Webner two of Perisinus Abscess, unilateral or bilateral; Dr. H. C. Barkhorn three Retro-pharyngeal Abscess. The visiting speaker of the evening was Dr. Seymour Oppenheimer, of New York, who read a paper on Hay Fever (Pollinosis).

Essex County was well represented at the general meeting of the New Jersey State Pediatric Society at Jersey City on April 29th. The address of the evening was an eminent one, by Dr. L. Emmett Holt, Professor of Pediatrics at Columbia University, New York, on Influenza in Childhood, in which he presented the research work he has, with such rare insight and scientific thoroughness accomplished showing the prevalence and clinical importance of influenza in children and the large attention it insistently demands in differential diagnosis in all their complaints, especially when the deeper parts of the respiratory tract are involved (rather than the upper).

The 33rd annual meeting of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey was held in Newark on May 12th. The importance of the society and its work to all readers of this State Journal and the support they owe it, for their private good, some day, and for the benefit of the profession in New Jersey, individually and collectively, demands a special account of this meeting in next month's Journal.

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GLOUCESTER COUNTY.

H. A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Component Society was held on May 20 at the Home for Feeble-Minded Women, at Vineland, upon the invitation of Dr. Hallowell with a large attendance of members and delegates.

Dr. S. S. Woody, of the Municipal Hospital, Philadelphia, read a very interesting paper upon "Smallpox, With Special Reference to Diagnosis."

The paper was discussed by Dr. Elmer H. Funk, of Philadelphia, and Dr. Miller, of Mill-ville, who also gave a detailed history of the epidemic that has just prevailed in that city. Applications for membership was received

from Dr. G. J. Palin, of Woodbury.

After adjournment the visitors were conducted through the institution by Dr. Hallowell and her assistants, who explained in detail various methods of treatment. After a sumptuous luncheon as the guests of Dr. Hal-

lowell, all departed feeling that the meeting had been a most instructive one.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The eighth and last regular meeting of the society of the season was held at the Down Town Club, Jersey City, May 4, 1915. Meeting was called to order by the president, Dr. G. K. Dickinson at 9 P. M.

Report of committees-Committee on New Quarters for the society reports that Drs. Geo. McLaughlin and F. D. Gray brought considerable pressure to bear upon the Public Service Corporation for the usc, by the society, of the assembly room in the upper part of the building. This morning Dr. Geo. McLaughlin received a communication in which they refused the request. The committee suggested that the society could obtain a fine room at the Bergen Lyceum on Bergen avenue, Jersey City, for \$15 a night, or if possible, obtain the old room at the Odd Fellow's Hall, Bergen Square. The committee asked to be discharged. The committee asked to be also charged. This was refused as Dr. H. Spence contended that the committee had practically done nothing. Dr. Win. Fessler, 630 Palisade avenue, West New York; Dr. Peter Stigner, 71 Wayne street, Jersey City, were elected to membership. Bills for printing were ordered paid.

The following ten men were elected as annual delegates to the State Society: Drs. Wm. Pyle, Chas. B. Kelley, B. S. Pollak, Geo. H. Mueller, Daniel B. Street, W. Homer Axford, Oscar C. Frundt, Camuel A. Cosgrove, W. J. Sweeney and Donald Miner.

At the request of Dr. Margaret Sullivan a committee was appointed by the president to help defend suit in court which is trying to nullify rule of compulsory vaccination. The president appointed Drs. Arlitz, G. E. McLaughlin and Pollak.

The paper of the evening was on "The Relationship of Dental and Oral Diseases to Systemic Disturbances," by Dr. Wm. J. Lederer, consulting stomatologist to the German Hospital, New York.

In the past there has been an unsurmountable barrier raised between the dentist and the physician. As medicine is making progress the dentist and medical man meet more frequently. Teeth are part and parcel of the human anatomy; how can we then separate the pathology of the teeth? Dentistry is a special part of medicine. The dentist specialist exists in medicine just as well as the ophthalmologist and otologist. The dentist who is not a surgeon is not a dentist.

Relationship between mouth and teeth lesions to other parts of the body: 1. Cases where systemic conditions effect teeth only; 2. dental and mouth conditions effecting organism at large; 3. borderline cases that are hazy.

Teeth begin to develop long before the child is born, about the 40th day of pregnancy and at the 22nd year of life the last teeth are calcifying. Teeth, like all other structures, receive nourishment through the mother. Calcium sulphide has been used in the diet of pregnant women, but the bulk of this has been found excreted in the feces. Other factors we have to deal with in the development

of the teeth. The parathyroids bear a close relationship. The removal of the parathyroids in rats, have, in section of the teeth, found to produce dental anomalies. Myxedemias are often associated with cases having a large amount of dental caries; this bears a close relationship to internal secretion. Retarded dentition treated by the thyroid extract has responded to treatment.

Between disturbed internal secretion and dental disease relationship exist. Hard and soft teeth seem to develop not so much from nutrition, but from the internal secretions. Tenser, of Vienna, made studies in regards to blood pressure, found that the blood pressure increases in the pulp of patients suffering

from aching teeth.

Diabetic patients were found to suffer from pyorrhea. Young girls complain of bleeding gums during menstruation, this is due to an

increase of blood pressure.

A woman that is pregnant is of great interest to the dentist and physician. How many times has a doctor forbidden his patient in that state, going to a dentist. In a case of a women three months' pregnant with continual pain from aching teeth and continual shock, it is far safer to remove teeth and block off shock and pain than allow continual shock to go on. Any physician is criminal who does not allow the treatment or extraction of teeth at the third month when required. The good God did not give the women power of reproduction at the expense or loss elsewhere of the human body. Pyorrhea and gout, pyorrhea and arthritis we often find are associated. A dentist should acquaint himself with the appearance of a chancre, of Hutchinson's teeth. Never refuse to treat a syphilitic for if you are careful you will not become infected. Treat all these cases as leuetics. Spirochaetes have been found in the milk teeth. Permanent ones bear stigmata of syphilis.

Oral sepsis and arthritis clean jaw devoid of pyogenic foci. In the German Hospital, New York, there is a children's ward of 300 beds. Found twelve cases of polyarthritis of doubtful origin; cases had received all types of treatment. Out of the twelve cases one girl, sick two years, found clean mouth, had gold crown supporting artificial teeth; case radiographed; found root of tooth surmounted by a little granulomata; extracted tooth, curetted and the child now can move the

knees.

Borderline cases: Case sent by neurologist; suffering from facial neuralgia; patient had granulomata. Neurologist convinced this was the cause, but the speaker did not believe it. Another case, patient, 35 years old; suffering from facial neuralgia; married, twelve years well; up to ten years ago suffered from backache: received some gynecological treatment; tamponed without relief. Had Wassermann made, found 3+; found out from husband that he had syphilis before marriage; patient getting salvarsan; improvement in teeth and neuralgia is getting better.

Another case of neuralgia found unirrupted canine tooth roof of mouth. "Peripheral tritation" case is well. Gingivitis: Suffering from constipation, the same cleared up in three days under proper treatment; this condition was due to toxines.

The paper was discussed by Drs. Spence, Ax-

ford, Jaffin, Pollak, Sexsmith, Rosenkrans and others. Dr. Lederer closed the discussion.

In answer to Dr. Spence's remarks, he stated that in caps and bridgework he found a great deal of trouble; this must be brought out with the radiograph; find trouble with alveolar, hemolytic and streptococcus infection, the same is remedied by careful root work. Vaccines for pyorrhea are vastly disappointing. In answer to Dr. Axford he said autointoxication and intestinal sepsis, no one treatment can we find that will cure every condi-In reply to Dr. Jaffin he said, pyorrhea is caused by pregnancy, diabetes and alcoholism. The use of emetin in pyorrhea, injected into sockets of teeth, gave good results; also the use of fluid ext. ipecac, 3i to 3i of water and listerine as mouth wash. Replying to Dr. Pollak, he said: In tuberculosis, proper dental care and cleanliness acts as the best prophylaxis. Use of permanganate of potash, xx m of a 1% solution to half a glass of water is an excellent mouth wash.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The semi-annual meeting of the Hunterdon County Medical Society was held in Flemington on April 27, 1915, with the president, Dr. H. M. Harmon, of Frenchtown, in the chair. The meeting was well attended; twenty-three of the thirty-one members being present.

We were honored in having with us Dr. Frank D. Gray, the president of the State Society, who favored us with some remarks on medical

organization in general.

Under the reports of sections Dr. L. T. Salmon opened a discussion on "Arterial Nephritis and Kidney Permeability," with the report of the case. Dr. Sommer continuing the discussion gave some of the tests for determining the permeability of the kidneys, and Dr. Gray spoke of large doses of aconite in the treatment of high arterial tension, also on mechanical heart rest by the use of the phlemostat.

Dr. Sommer, under the head of surgery, reported the case of a man who from a head injury developed headache and later became maniacal. The features of the case were the indefinite symptoms, early optic neuritis, and a large clot removed at operation which relieved the condition.

Dr. Decker read a paper on appendicitis from the standpoint of the general practitioner, and Dr. Gary read a paper on pain in the upper abdomen in chronic disorders, both of which were freely discussed.

MERCER COUNTY.

Samuel Sica, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held at the New Jersey State Hospital, Trenton, April 6, 1915, at the invitation of Dr. H. A. Cotton, its medical director. About thirty members were present. At 12 o'clock the society was called to order by the President, Dr. W. A. Taylor. On motion the order of business was suspended and the program placed in the hands of Dr. Cotton.

Dr. Cotton spoke on the subject of General Paresis and its Modern Treatment, especially of the Swift-Ellis Method as introduced at the Rockefellar Institute for tabes dorsalis.

At 1 o'clock luncheon was served and after this cases that had been treated by the above method were shown.

The cerebral puncture method was demonstrated by trephining and exposing the dura, then injecting the solution of neosalvarsan into this subarachnoid space.

Meeting of May 4th.

The regular monthly meeting of the Mercer County Medical Society was held at the City Hall at 8.30 P. M.

The subject for the evening was "Pneu-

monia." All the members present took part in the discussion, which proved to be very instructive and interesting.

MIDDLESEX COUNTY.

Anthony Gruessner, M. D., Reporter.

The monthly meeting of the Middlesex County Medical Society was held at the John Wells Memorial Hospital, New Brunswick. President Dr. S. Meinzer presided. Sixteen members were present. The following was the scientific program:

Dr. Arthur L. Smith, of New Brunswick, reported a case of inversion of the uterus which was gradual in onset and owing to confusing symptoms, diagnosis was made only after opening the abdomen. He spoke of the difficulty of replacing the part due to the rigid contraction of the cervix. After much difficulty he resorted to Davis' dilator used by the abdomen, while the assistant, Dr. Forney, pushed the body of the uterus inward. The operation was completed very successfully and the patient made an uneventful recovery. As the patient was Dr. Forney's case, he explained the early symptoms and the reason for its difficulty in diagnosis. Drs. Saulsberry and Meinzer mentioned cases in their practice, with spontaneous reduction and recovery of patient. Dr. Hoffman mentioned Edgar's method of introducing a sound into the cervix for the purpose of diagnosis.

Dr. Benjamin Gutmann, of New Brunswick, reported a case of hydatidiform moles in a noultipara who had six healthy living children. The diagnosis of pregnancy was made threatened abortion, patient having passed placental tissue during a considerable period of expectant treatment. He naturally advised the evacuation of the uterus with the result of removal of grape-like tissue with the curette, and the diagnosis of hydatidiform moles. Another case of the same nature was reported by Dr. J. P. Schureman in which the diagnosis of placenta previa was made, until the patient passed the usual grape-like tissue.

Dr. Herman Gross reported a case of hydatid and advised the examination of blood for specific disease which is supposed to be the common condition in such cases. Discussion followed in which it was agreed that specific disease is not the rule in hydatidiform moles.

Dr. Scott presented a case of tuberculosis of the second phalangeal bone of the fourth finger of a child. It was an interesting case on account of its rarity. The same case was demonstrated by X-ray photograph.

A very interesting X-ray picture of an unusual case of gastroptosis was also shown by Dr. A. L. Smith.

PASSAIC COUNTY.

Chas. R. Mitchell, M. D., Secretary.

The annual meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, May 11th, 1915, Dr. J. C. Mc-Coy presiding. There were seventy-eight members present; so far as the records show the best attended meeting we have ever had.

The minutes of the April meeting were ap-

proved as read.

Dr. Harold Walker, of Wyckoff, was received as a transferred member from the Bergen County Society, and Dr. David Shapiro, of Passaic, was elected to membership.

The treasurer's report showed a substantial balance and every member had paid all indebtedness. Dr. Coen, of Clifton, who was elected in April was presented as a new mem-

The retiring president, Dr. McCoy, reviewed briefly the work of the past year, regarding it as a successful year with the exception of our indifference toward illegal practitioners and stated that unless we as a body and as individuals were more willing to support the work of our legislative committee, we should abolish that committee and not attempt to clean up the illegal practices.

The officers elected for the ensuing year were: President, B. H. Rogers; vice-president, Wm. Ncer; treasurer, C. J. Murn; secretary, C. R. Mitchell; censor, H. Kip; permanent delegate, J. C. McCoy; reporter, Wm. Veenstra; historian, E. J. Marsh; executive council, Rush Neer, H. H. Lucas; annual delegates, John S. Yates, Jacob Roemer, J. P. Morrill, H. Cogan and C. J. Kane.

For the committee on entertainment Dr. Morrill reported that he had arranged for a trip to the Lederle Laboratories and the date would be announced latter.

On May 18th about thirty members visited the Lederle plant at Pearl River where they witnessed the manufacture of the biological The directors showed everything products. that could possibly be of any interest to a physician and gave a series of demonstrations and short lectures that created, I believe, the impression that such a plant was something more than a mere commercial enterprise. The trip was most enjoyable and instructive.

The year past has been, I can say, without any fear of contradiction, the most successful in our history. Our attendance has been larger than ever, our scientific programs of greater value and the general spirit has been more progressive than ever before. We are free of pctty jealousies and free from any factions. Practically every regular physician in this county who is eligible to membership is a member. Contract practice we have long since abolished.

Local Medical Societies.

Physicians' Association of Hudson County Tuberculosis Clinics.

Berth. S. Pollak, M. D., Sccretary.

A well attended meeting of the Association of Attending Physicians of the Hudson County Tuberculosis Clinics was held on Monday, April 12th, 1915, at the Jersey City Free Public Library, at 9 P. M. The minutes of the last regular meeting were read and approved.

Drs. Granelli, Gould and Londrigan, not being connected with the staff, were, according to the provisions of the constitution, transferred from active to associate membership.

The president assigned Dr. Wm W. Riha as the essayist for the May meeting his subject to be "Tuberculosis in Children."

The following were appointed to open the discussion:

Dr. G. P. Curtis, on "Diagnosis and the Value of Tuberculin Tests and Their Applicability to Children"; Dr. A. W. Little, "Methods of Prophylaxis"; Dr. Jaffin, "Methods of Value in Treatment."

The papers of the evening were read by Dr. W. S. Branner, on "Abdominal Tuberculosis," and "Diet in Tuberculosis," by Dr. W. W. Prooke.

An interesting discussion ensued, which was participated in by Drs. Dickinson, Axford, Curtis, Brown and Pollack, after which the meeting adjourned.

Meeting Held May 10th.

The thirteenth regular meeting of this association was held on Monday, May 10th, 1915. President Brown called the meeting to order at 9.07 P. M.

Present—Drs. G. K. Dickinson, A. W. Little, A. E. Jaffin, G. P. Curtis, W. A. Brady, A. A. Mutter, J. G. Enright, H. Miner, W. Homer Axford, B. S. Pollak, W. W. Brooke, Wm. W. Riha, Hugo Alexander, H. J. Spalding, W. S. Branner and H. W. Brown; Misses Allen, Shute, Sunmers, Shepherd, Rider, Monahan, Witte, McCormack, Fitzgerald, O'Brien, Dolan, McBride, Coombs, Herley and Benn.

The minutes of the last regular meeting

were read and approved.

The president appointed Dr. A. A. Mutter as essayist for the next meeting to be held on Monday, September 13th, 1915. His topic will be "Management of Clinic Patients"

Drs. Jaffin, Curtis and Riha were appointed a committee of three to prepare a scientific

program for the coming year.

The paper of the evening was presented by Dr. W. W. Riha, his topic being "Tuberculosis in Childhood" which was ably discussed by Drs. G. K. Dickinson, G. P. Curtis, A. W. Little and A. E. Jaffin.

A. E. Jaffin.
Dr. B. S. Pollak spoke on the question of establishing night clinics, giving instructions in physical diagnosis, especially in incipient tuberculosis, to anyone who might be interested in this matter. These courses will be begun in September.

The Associated Physicians of Montclair and Vicinity.

Walter B. Mount, M. D., Secretary.

On Monday evening, March 22nd, the society held a regular meeting at the Montclair Club. The speaker was Dr. George Roe Lockwood, of New York City, who took for his subject: "Gastric Symptoms of Chronic Latent Appendicitis." The paper will be published later. A resume follows:

The majority of cases of appendicitis at some time cause gastric symptoms of some sort.

1. Acute appendicitis often begins with epigastric pain and vomiting, but the pain and tenderness finally center in the right iliac fossa. Acute gastritis (if not corrosive) is not a pain-

ful disease. Painful gastritis usually means appendicitis or ulcer.

2. With recurrent attacks of appendicitis there often occur between the attacks gastric symptoms, as pain, gas, or nausea. In some cases with very prominent gastric symptoms enly operation can decide betwen an appendicitis and a gastric ulcer. In these cases a high incision is especially valuable, allowing of the examination of the stomach and gall bladder.

3. In a large number of cases gastric symptoms alone are present, i. e., severe indigestion referred entirely to the stomach but due to the appendix, without any definite means of making a clear diagnosis because of the absence of pain in the right iliac fossa. There are four clinical types according to the prominence of the presenting symptoms of (1) epigastric pain, (2) vomiting, (3) nausea and (4) gas.

(Our Journal will give this paper or an

abstract of it later.—Editor.)

The paper was discussed by Drs. Love, Hanan, Foster, MacDonald, O'Dwyer, Wallace, Mabey and Lockwood. A simple supper and a social hour followed the scientific session.

The Practitioners' Club, Newark.

J. D. Lippincott, M. D., Secretary.

The Practitioners' Club of Newark, N. J., celebrated its twenty-seventh anniversary on May 3, 1915. It was also the 25th anniversary of Dr. H. C. Bleyle as president of the club—he was also one of its founders.

The members in token of their love and esteem for Dr. Bleyle presented him with a large leather rocking chair. Dr. Bleyle was one of the speakers at the banquet whose toast was on medicine. He related some of the experiences of his life as practitioner for 47 years. The changes and advancement of medicine from the time he started to the present. The members and friends present enjoyed his speech, and on its termination presented the chair.

Dr. J. T. Wrightson was toastmaster, who called upon Dr. G. B. Philhower, the retiring president; Rev. W. J. Dawson, D. D., representing the clergy; Judge H. C. Grice, representing the law.

The following officers were elected for the coming year:

Dr. Charles E. Teeter, president; Dr. J. D. Lippincott, vice-president; Dr. Royal Whitenack, secretary and treasurer.

The Morristown Medical Club.

C. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met in Morristown at eight-thirty P. M. on April twentycight, 1915, at the home of the host for the evening, Dr. H. A. Henriques. Most of the members were present and a large number of the Summit Medical Club also attended.

The paper read by Dr. Henriques was on "Hodgkin's Disease" and he first gave a historical review of its differentiation from other conditions including cervical adenitis, lymphatic luekemia and adeno-sarcoma.

This was followed by a description of the pathology and mention was made that Ewing, Roseneau and Bunting had isolated a diptherial bacillus which they looked upon as the causative factor.

It was also stated that most pathologists considered it possible to differentiate this disease from others with glandular enlargements by microscopical examination of the diseased glandular tissue. The symptoms were then mentioned. The treatment was not satisfactory so far as a permanent cure was concerned. though temporary benefit in many cases followed the use of Roentgen therapy or of vaccines prepared from the diphtherial bacilli spoken of above. Two case histories of patients the doctor had recently treated were then read. The discussion elicited histories of cases treated by many present, the most interesting being that of a patient of Dr. Prout's in whom the diagnosis was made by a pathologist from a tumor removed from the spinal cord some time before there were any other symptoms such as enlarged glands, spleen pruritus, rise of temperature, etc.

Dr. E. D. Dean showed under the microscope, slides from a recent case in which the numerous giant cells were easily discerned.

Before adjournment Dr. H. Vaughan showed the society an osteoma recently removed from the upper margin of the orbit.

An enjoyable social session and pleasing repast followed the scientific treat.

Summit Medical Club.

William J. Lamson, M. D., Secretary. .

The regular meeting of the Summit Medical Society was held at the Highland Club, April 30, 1915, at 8.30 P. M., Dr. T. H. Rockwell entertaining and Dr. Hamill in the chair.

The following members were present: Doctors Bebout, Campbell, English, Gorton, Hamill, Jaquith, Keency, Krauss, Lamson, Meigh, Moister. Prout, Rockwell, Smalley, Wolfe, Bowles, Tweddell and Jones, and the following as guests of the society: Doctors Bramley, Garhart and O'Reilly of Summit, Doctors Lewis, Lathrope, Havens and Henriques of Morristown, Dr. Bunting and Grier of Elizabeth, and Dr. Adams of Orange, Dr. W. H. W. Knipe of New York and Dr. Barton Hirst of Philadelphia.

Dr. James R. Bramley was proposed for membership by Dr. Lamson, seconded by Dr. Krauss.

The paper of the evening was read by Dr. W. H. W. Knipe, of New York, on "Twilight Sleep." In order to obtain perfect results by this method, the following factors must be carefully observed:

a. The drugs used must be absoluttely pure; b. The dose of morphine must be very small, 1/7 of a grain and only one dose given; c. Each patient must be treated individually and watched very carefully.

In regard to the technique, there is an initial dose of morphine, grain 1-7, and scopolamin, grain 1|160. After an hour certain tests are made which indicate the degree of anaesthesia, for instance the patient is asked to touch the tip of the nose with the index fingers and a certain amount of ataxia is generally shown. In the second place, the Babinski reflex is present to some extent if the patient is under the influence of scopolamin. In the third place, the memory test is tried and is usually present. When these signs begin to fade out, the second injection of scopolamin, grain 1|160 is given and after this second injection you can often carry the patient along with as small dose as 1|450 of a grain.

The third injection is given anywhere from 3/4 to 1/2 hours after the second. Strong light, loud noises, etc., should be avoided. Certain by-effects of the treatment are a marked unrest and a great thirst, and these symptoms are especially prominent during the second stage of labor. Great care should be taken not to give any scopolamin within one hour of the birth of the child and in this manner, the possibility of getting blue babies is avoided. If the above technique is carefully followed out, the results will be good and all dangers both to mother and child will be avoided.

Dr. Knipe admitted that twilight sleep was not practicable for the general practitioner but should only be used in a hospital where there was a well trained staffman who could devote his time to the patient and observe the proper technique. One of the advantages of the method is that it has a tendency to do away with meddlesome midwifery and the use of high forceps is not so common as by the usual method.

Dr. Barton Hirst of Philadelphia opened the discussion. He said that his experience with Twilight Sleep dated back to 1913 when he took it up and dropped it. He did the same thing in 1907. He went to Freiburg and studied the method with Gauss. He said that while there is unquestionably some good in this method, yet it is not perfect and he considers a certain part of the effect to be purely physological. It may, however, stimulate us to discover some practical methods for the mitigating of the pain of labor.

In searching for some other method he has been using Cannabis Indica with some success and with no bad results. He gives as much as four grains during labor. The effect is to stimulate contraction of the uterus, to produce anaesthesia and a general condition of cheerfulness in the patient. In the second stage of labor, he considers ether effective and safe. It would be very desirable to find some method by which a primipara could get relief in the long first stage of labor, and Twilight Sleep may work all right in this condition, but it is necessary to listen for the foetal heart sounds every thirty minutes and to be prepared for speedy delivery if they go bad. Dr. Prout emphasized the importance of suspended animation during the birth of a child which he was convinced was the frequent cause of epilepsy in later life.

American Association of Immunologists.

The second annual meeting of the American Association of Immunologists was held at the New Willard Hotel in Washington, D. C.,

on Monday, May 10.
Dr. James W. Jobling, of the Vanderbilt School of Medicine, Nashville, Tenn., was elected president; Dr. George P. Sanborn. of Boston, Mass., vice-president, and Dr. John A. Kolmer, of Philadelphia, Pa., was elected to the council.

The immunologists now have sixty active members and twenty applications for membership.

The total number of niembers allowed by the constitution and by-laws, is one hundred. Dr. Martin J. Synnott, of Montelair, N. J., is secretary.

THE JOURNAL

Medical Society of New Jersey

JUNE, 1915.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor, New Brunswick, N. J.

Each member of the State Society is entitled to re-

ceive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter peraining to the business management of the Journal hould be addressed to

WILLIAM J. CHANDLER, M. D., South Orange N. J.

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Do not forget the date of

THE ANNUAL MEETING

of the

MEDICAL SOCIETY OF NEW IERSEY

JUNE 22-24, 1915,

AT THE

NEW MONMOUTH HOTEL, SPRING LAKE.

Do not fail to Attend with the Ladies of your family

Delegates should bring their Credentials

The Programs will be sent to all our members before June 8th. Bring them with you.

If the County Societies have elected recently any new members, the treasurers should see that their dues are collected and forwarded immediately to Dr. A. Mercer, treasurer of the State Society; also all delinguent members' dues.

OUR ANNUAL MEETING.

While we shall miss some of the members of our Society whom we always expect and are glad to meet, we believe the meeting this year will be one of the best we have had. Our Committee on Scientific Work-Dr. J. C. McCoy, chairman—has very wisely, we believe, planned that this year's meeting shall be unusually attractive by emphasizing its social features; while at the same time providing a rich scientific program. The papers will be fewer in number, but they will doubtless be of the usual standard of excellence. We hope that our members will come prepared to briefly and practically discuss them, as they will receive the programs which contain a synopsis of each paper early this month.

Of course we shall expect that the members will bring the ladies of their families with them this year in view of the fact that the social functions of the meeting have been emphasized. In this feature of our annual meetings our State has been conspicuous, setting an example to other State Societies which we are pleased to note some of them have been wise and gallant enough to follow. The New Monmouth Hotelthan which there is none better in our State—has always favored our Society and done much to aid to the success of this feature of our meetings by giving us, so to speak, exclusive possession before opening the hotel to its regular guests, thereby enabling us to make our annual gathering a "family affair"—the great medical family of the State of New Jersey, and the result is that we look forward to it as the great feast of the year.

Therefore, we say to each of our memwhether delegates or not-Come, bers, bring your wife and daughters, or if you have none to bring, then bring your prospective wife, or if she has not been selected you may find one in our medical family gathering this year.

A. M. A. ANNUAL MEETING.

While we deeply regret that some of our officers and members will not be able to attend our Society's annual meeting because of their decision to attend the A. M. A. annual meeting at San Francisco, June 21-25, and to visit the great Panama Pacific Exposition, we congratulate them that they are able to avail themselves of this opportunity to combine profit and pleasure in visiting California this year. We wish them all possible success in their search for increase of knowledge and real,

helpful rest and enjoyment.

The A. M. A. Journal has called attention to changes in special trains leaving Chicago. An extra fare train (\$10 extra) will leave that city Friday, June 18th at 7 P. M., arriving in San Francisco Monday, the 21st at 10.10 A. M. Also a train leaves Chicago Thursday, June 17th at 9.30 P. M. arriving in San Francisco at 8.55 P. M. Sunday, June 20th; no extra fare on that train. For other special trains see A. M. A. Journal May 15, page 1707.

The Journal emphasizes the suggestion that those who go should take extra wraps because the morning and evenings in San Francisco are usually windy and chilly and that there may be cold fogs. It is advisable, therefore, for visitors to provide themselves with medium-weight clothing and to have at hand suitable wraps and overcoats.

TUBERCULOSIS IN CHILDHOOD.

We call special attention to the address of Dr. G. K. Dickinson presented at the Academy of Medicine of New Jersey, which will be found on pages 277-280, in which he ably sets forth the present generally accepted views on the etiology, treatment and prevention of Tuberculosis. We had intended to refer editorially at some length to one of his main points—that tuberculosis is essentially a disease of childhood, a life-long disease, and that lung tuberculosis—phthisis or consumption —is a later development of the tuberculosis condition in childhood. We are compelled by the late arrival of considerable matter that requires early insertion, to merely express our belief that the careful investigations made by eminent men which are set forth so forcefully in this address, prove that the above view is correct and that there must be an entire change in the methods of warfare against tuberculosis by treating it, or far better preventing it in the early years of childhood.

There was one point in preventive treatment referred to by Dr. Dickinson in his introductory remarks—see page 277—which does not appear in his address—the expression of his belief in the wisdom of building Preventoriums for the care of young children who are weakly and who are predisposed to tuberculous disease and whose environments favor its development. In the discussion that followed the address there was some doubt expressed as to the need of the preventorium; that the authorities, the social workers and the district

nurses should correct the bad environments. These objections would seem to have some force, and yet, we must not forget how very slowly these corrective agencies effect needed change, especially when poverty, ignorance, intemperance and immorality are antagonizing forces. It will probably take decades to correct these conditions unless we wipe out quickly these four causes of unsanitary conditions. In the meanwhile, what shall become of the hundreds and thousands of children exposed to the white plague, aye, and to the black plague? Shall we not learn from the mistakes of the past? When the great waretare against tuberculosis began several years ago, in the great meeting in Newark, some of us feared there were two mistakes made by the speakers in the prophecy that the disease would be wiped out in two decades and in emphasizing unduly the degree of danger of personal contact with the tuberculous adult. Was not the first mistake calculated to discourage the workers as the years following would show the slow progress made? Did the second mistake lead the public to fight almost every effort to erect preventoriums, sanatoriums and hospitals, and was it calculated to do serious harm to the sufferers from the disease?

As Dr. Dickinson, says we have been working at the wrong end of the problem for the eradication of the disease. culosis is a disease of childhood." Let us save the children, should be the war cry against the white plague, but let us study well the real situation and the best means and all wise means to accomplish the end sought. It is wise to begin studying the conditions. Most cases are in the families of the poor and many of the parents are ignorant and utterly indifferent, especially when intemperance and immorality curse them and their children; the public is not sufficiently informed and interested: and the authorities — legislative and civic — are ignorant, penurious and practically regardless of the saving of human life—they know little and care less for the economic and social phases of the warfare against tuberculosis or against the social evil.

The great work even yet to be done—and far more intelligently and actively done—is the work of education and in the light of the new knowledge concerning this disease which Dr. Dickinson's paper sets forth—it needs to begin with the physicians, who in turn should teach accurately and emphatically our school authorities, our legislators, our local councils and every

parent. Health boards, school authorities and other organizations should co-operate. Let us have the sanatorium and the hospital, State and county and, where possible, in every city. But if we are to concentrate our warfare against tuberculosis in childhood, let us have in every county, at least, the preventorium, until we can, through education and well directed effort, have every home where there are young children, to become in reality a preventorium. It will cost money, yes, much money, but may God have mercy on the man who is willing to sacrifice the children to save a few thousand dollars.

Since writing the above we have received an abie paper by Dr. B. S. Pollak, director of the Hudson County Tuberculosis Hospital and Clinics, on "Tuberculosis in Childhood," and regret that it came too late for insertion in this month's Journal. It will appear next month.

The doctor favors the erection of preventoriums. As soon as possible we will also insert other valuable papers which we

have received.

We shall endeavor, as far as possible, to make the July Journal a "Cancer Number," as most of the medical journals have agreed to do, but according to our invariable custom we shall be obliged to give two or more important papers presented and some of the actions taken at our State Society's annual meeting this month.

WRITING OF MEDICAL PAPERS.

We take the following editorial from the April issue of *Northwest Medicine*, believing it is worthy of careful consideration by those who prepare papers for medical so-

ciety meetings:

In view of the approach of the session for meetings of our large medical bodies and the fact that many of our physicians will feel called upon to prepare papers to be read at these meetings, it is timely to offer a few suggestions concerning the preparation of the average medical paper. It cannot be too often impressed upon the profession that prolix, long drawn-out papers are the bane of medical meetings. The acceptable and successful writer is one who expresses himself concisely and accurately in a comparatively small number of pages. The writer who occupies an undue amount of space is unjust to the other members on the program, wearies his audience and fails to make a lasting impression.

Perhaps the most objectionable feature of a paper is the excessive presentation of symptoms, diagnostic features and modes of treatment abstracted from the textbooks. If these be briefly summarized and one's time be chiefly devoted to new features which present themselves less commonly to the profession, and interest will probably be excited which will enhance the author's prestige and gratify his audience.

Since most of the papers read before societies are commonly published, the editor takes a lively interest in the matters above discussed. He receives with delight a short, pithy and well-digested paper, knowing that it will be received with pleasure by his readers. The ordinary paper of undue length he receives with misgivings and hesitates about its publication. It often seems necessary to return such to the writer for condensation or else he assumes the responsibility of abbreviating it himself. either case the writer is generally disturbed and is apt to receive ungraciously suggestions of curtailing his production although this course may seem advisable. In this connection it is noticeable that papers published from the pens of the leaders of our profession are usually of the character herein advocated, which thereby might be taken as a model by all of us.

We also make the additional important suggestion that all papers that are to be published should be typewritten, sufficiently spaced for interlineations which, when needed, should be very distinctly written, and that every paper should be given to the secretary immediately after it has been read and discussed.

AN EXAMPLE OF HOW TO DO IT.

The action of Governor Walsh of Massachusetts in appointing Dr. Allan J. Mc-Laughlin, surgeon to the United States Public Health Service, to the position of Commissioner of Health of Massachusetts is an example that the people of the various States will demand that their governors shall follow in the future. We do not characterize' the action of the Massachusetts governor as unusual or admirable, although it is both. This governor did what all governors ought to do. He announced to the representatives of the medical profession of the State his intention of appointing the best expert in health matters he could find, and immediately proceeded upon a search for this expert. He presently found him in the person of Dr. McLaughlin and begged the loan of the valuable public servant from the United States for a period

of five years.

Dr. McLaughlin's record covers many nautical miles and various domains in pathology. Three years after receiving his commission in the United States Marine Hospital Service he was sent to Naples and later to Hamburg to study cholera. studied the plague in Trieste in 1906. Then he was sent to the Philippines as assistant professor of hygiene and public health in the Philippine Medical School. In the Philippines he came in contact with cholera again, with leprosy, and the ordinary problems of urban sanitation in the tropics, and with beri-beri; demonstrating, with regard to the latter disease, that the acute meningitis that had been credited with something like four thousand deaths in the preceding ten years was almost a myth, so rare was it, and that most if not all of these deaths were in reality to be credited to beri-beri and cholera.

Upon his return to the United States, may 1910, he was placed in charge of that investigation of the sewage pollution of our interstate and international waters which has already produced a number of extremely interesting and valuable reports from the United States Public Health Office. To sum up Dr. McLaughlin's career it may be said that he is a thoroughly equipped and widely experienced sanitarian—a man that any commonwealth might be proud to have

as a public servant.

In conclusion, we wish to point out to the people of the States and to the politicians who have the appointing power that Dr. McLaughlin is not a native of Boston, he is not a native of Massachusetts, he is not even a native of the United States. He is a native of Canada and, fortunately for the people of Massachusetts, one of those cosmopolitan scientists who regard international and State boundaries as meaningless and imaginary lines, except when disease threatens to cross, when they become a frontier that must be held at all hazards. The governor of Massachusetts and the medical profession in Massachusetts have set an example that the other States of the Union can ill afford to disregard.—The Lancet-Clinic, Cincinnati.

If the druggists succeed in compelling doctors to write prescriptions for everything prescribed for patients, then it would be a good idea for the doctors to own the drug stores that they patronize.—Indiana State Medical Journal.

A lot of people are crying hard times, and using that as an argument to avoid the payment of doctors' bills, but we notice that the fellows that are bellowing the loudest are the ones who manage to buy new automobiles. Even the farmer, who talks about poor crops and wants you to discount his bill or wait until next harvest for your pay, has no difficulty in finding enough money to buy a new Ford.—Indiana State Medical Journal.

If you have a friend who is a doctor and you think he ought to join the county society for his own good and that organized medicine would be benefited by his work and influence, then urge him to give you his name to present at the very next meeting. —Bulletin, Butler County (Ohio) Medical Society.

So we say to the members of our societies. Some are doing good work. Let us all help.

It was the Editor's great pleasure to attend the banquet given under the auspices of the Bronx Hospital and Dispensary at the Hotel Astor. New York, to the venerable Nestor of American Medicine, Dr. Abraham Jacobi, on May 6th, the 85th anniversary of his birthday. It was a largely attended and brilliant affair, about fifty ladies were present. The post-prandial addresses were eloquent and justly laudatory of the worth and work of Dr. Jacobi.

It was also our pleasure to attend a meeting on May 26th, at the hospitable home of Dr. E. J. Marsh, Paterson, of the Innominata Book Club, a somewhat informal society of seven physicians of Paterson and vicinity, who have met monthly for ten years at one of its member's homes to hear and discuss a paper and enjoy a social evening including a dinner. Dr. J. V. Bergin read an able paper on mentally defective children which was well discussed. We congratulate the host and hostess on the recent arrival of a son, who bears the honored name—Elias I. Marsh that has now come down in four successive generations.

We congratulate Dr. Samuel G. Dixon—and the State of Pennsylvania—on his fourth appointment as Commissioner of Health of that State. He has done in ten years a remarkable successful work, as we

expect to show in a later issue of our Journal. New Jersey needs such a man.

We again call the attention of secretaries and reporters to the following:

The Illinois Medical Journal says:

Secretaries are requested to have their proceedings typewritten, double spaced, and in the hands of the Editor before the 20th of the month to insure early publication. The place and date of meetings should always be stated.

The Editor of the New Jersey Journal makes the same requests, except as to date. We give secretaries or reporters of those societies that meet late in the month, till the 25th, but we ask all to send as soon as possible after the meetings are held.

Hudson County Anti-Tuberculosis Work.

Dr. G. K. Dickinson, before presenting his address as the retiring president of the Academy of Medicine of Northern New Jersey, May 19, 1915, gave a brief account of the work in Hudson County, in substance as follows:

Why I have not given you a surgical paper rather than a medical one on tuberculosis, why the cobbler does not stick to his last, is due

to a little personal incident.

On March 22, 1906, I was asked by the Charities Aid Association to make some remarks on tuberculosis. At that meeting was a lady prominent in philanthropy who shortly afterwards wrote me a letter asking that I interest myself in the poor consumptive, so on April 19th, the same year, I called a number of our citizens together at the Whittier House to discuss the ways and means for the relief and control of this disease. Some twenty or more responded. We had an address by Prof. J. B. Huber and organized. This small body studied into the problem, talked to the people, interested the politicians, and, as a result, in the short time of three years, that is, October 19th, 1909, the sanatorium at Laurel Hill was opened. On April 9th, 1912, we opened our first clinic. The institutions at Laurel Hill accommodate 160, most of whom are advanced cases. They are separated into three groups: The more advanced, the dying cases, in a building by themselves; those not so severely infected, where there is a possibility of recuperation for a short time at least, in two pavilions, male and female; the incipients and those making marked improvement in six shacks. The hospital buildings are warmed and every comfort given. The shacks are open to the weather at all times.

Our present capacity not being sufficient (there being a waiting list of over sixty), a large, new, finely appointed building is being constructed which will accommodate over 150 more. This is for the advanced cases. present, we have five clinics, eight visiting nurses who go into the homes, instruct the people, interest them in the work and in themselves, and are social workers as well as tuberculosis nurses, and ten physicians connected with the clinics, one of whom does tonsil and adenoid work. We will shortly add a dental department. Our annual expense is about \$130,000. In connection with this work, but independent of it in a sense, the clinic physicians and nurses have organized a tuberculosis club, meet monthly, read papers and discuss them. It is alive, active, progressive and shows an accurate knowledge of the problem and keen interest.

The Freeholders of the county, who finance this project under the law of 1912, are every one of them extremely interested in us, cooperate, and grant everything we need and show a good reason for asking. We have every reason to be grateful for their co-operation.

The doctor spoke of their need of a preventorium where delicate children, predisposed to tuberculous disease could be cared for, so that they could obtain strength that would enable them to resist tubercular disease.

Miscellaneous Items.

Dr. M. W. Newcombe, medical director of the Brown's Mills Sanatorium, extends an invitation to delegates en route to the annual meeting of the State Society to stop and visit the sanatorium.

We regret to hear, as the Journal goes to press, of the death of Dr. Thomas J. McLaughlin, of Jersey City, at his home on May 12th, aged 70 years. He was for many years one of Jersey City's most prominent physicians and a member of our State Society. Further notice will appear in our Journal next month.

(Almost all our death, marriage and personal notices are culled from our newspaper exchanges, largely from The Newark Evening News, Trenton State Gazette, Camden Courier and Bridgeton Evening News—four of the best class of newspapers in our State. We have no exchanges with Jersey City, Paterson, Elizabeth or Atlantic City papers. We have to rely on the County Society secretaries and reporters and deeply regret that we get so few items from them.—Editor.)

Dr. J. Watson Martindale, Camden, was operated on recently in the Johns Hopkins Hospital, Baltimore, for renal calculus.

Dr. Wiliam W. Riha, Bayonne, has been appointed associate editor of The Mask, the publication of the Kappa Psi fraternity.
Dr. Stacy M. Wilson, Bridgeton, addressed

Dr. Stacy M. Wilson, Bridgeton, addressed the public school children at their excersises in honor of Memorial Day.

Medical Society to Care for City and County Patients.—A contract has been entered into by the Black Hawk County Medical Society and the Waterloo Medical Society, Iowa, and the city of Waterloo to furnish medical attendance to city and county patients. The contract becomes effective April 27 and calls for the payment of \$1,500 annually to be paid jointly by the city and county.

Antivaccination Bill Defeated.—The antivaccination bill was defeated in the Pennsylvania House April 14 by a vote of 106 to 41.

American Commission for Relief of Belgium. Dr. F. F. Simpson, treasurer, reports the total receipt of \$6.505.50 up to April 24, and the disbursement of \$6,505.20 for 3,699 standard boxes of food, leaving a balance of 30 cents on hand.

THE MARKET MILK PROBLEM IN CITIES.

Report of Standing Committee on Milk, to the Essex County Medical Society, with Recommendations.

The public market milk problem is one of the largest and most difficult in the realm of preventive medicine. Your committee has considered the possibility of a comprehensive survey of the milk situation in Essex County and would report that, in the judgment of the committee, the limitations of a milk investigation by a County Medical Society would be found in an effort to seek information on the subject through official bodies in the urban and suburban districts of the county by correspondence with the thirty or forty boards having this matter in charge and thus keep the society informed on the facts as they relate to health; furthermore, to lend its moral support to any efforts to correct evils and protect the public from danger.

Essex County, like New York City with its thirty thousand sources of milk supply, receives its daily quota of milk from many thousand sources. This supply is probably delivered to the population from as many if not more points of distribution than the twelve thousand such centers in New York City. To compass a comprehensive investigation of this subject, which has thus far never been

undertaken, would require:

First: Money to finance a county wide inquiry into many phases of the milk question that touch the public welfare from the standpoint of health.

Second: It would require universal interest on the part of the public for whom it would be carried on and the press whose assistance would be required to accomplish it and the cooperation of between thirty and forty official health bodies and agencies beside the thousands of commercial interests involved each of which would have to yield up many facts before a comprehensive knowledge would be gained.

Third: It would require law with which to support and authorize the inquiry through inunmerable avenues of approach to the more innumerable facts.

Fourth: It would require several kinds of knowledge, the use of which would be necessary in the interpretation of the facts gained by the inquiry including clinical, chemical bacteriological, veterinary, prophylactic and commercial as exemplified in the experience and judgment of the physician, the chemist, the bacteriologist, the veterinarian, the sanitarian and the producer of this most important of all food products.

· The market or mass milk problem will never be solved except by engaging the time and talents of three general classes of agents. First: Municipal administrative officers with authority; Second: Professional sanitarians with special knowledge and laboratory workers properly equipped for research and investigation; Third: Philanthropy which, if public funds fail, will finance the crusade conducted by the first two classes.

The ramifications of the milk problem are very numerous and a comprehensive investigation of the subject would involve a large number of workers and many thousands of dollars. Your committee herewith submits an outline showing the lines through which such an investigation must be made in order to be complete and useful.

First: To examine all the sources of supply which are found in several states and scattered

over a wide territory.

Second: To chart all the avenues of transportation and the methods used by these carriers from the foregoing sources of supply.

Third: To locate and investigate the innumerable centers of milk distribution in the county each of which may be a menace to the safety of this sensitive food product.

Fourth: To validate evidence of falsification where it exists and where claims of purity and

safety cannot be maintained.

Fifth: To establish the evidence of disease producing contaminations in market milk which would require the cooperation of the State and federal authorities.

Sixth: To carry on a county wide inquiry into the biological and chemical conditions and the food values of all milk found in the thousands of milk shops, institutions and homes, which would require a large force of experts and an enormous expenditure of money.

The foregoing outline is submitted in order to show the magnitude of this work and its prohibitive character and at the same time to furnish a basis for any attempt to secure information on this large and important question. A County Medical Society can simply offer recommendations. To conduct such an investigation, if it were possible, would be to usurp the function that naturally belongs to the health departments of the State and local governments which could far better be carried on by these bodies which are generally capable and interested and would be efficient if they could command the funds.

Since it is purely a matter for administrative action and since a medical society has no legal authority as a compelling agency, your committee would state that its chief function would be, as seen in its previous reports, to keep the society informed on all important facts connected with the milk problem and lend its best efforts to aid all authorized and organized agencies official or otherwise. believe a County Medical Society can in this way be of great assistance to the public by its special knowledge and moral support; by encouraging publicity through the press and by other means with the object to educate the public.

Henry L. Coit, M. D., chairman: M. Royal Whitenack, M. D., Oscar A. Mockridge, M. D.

Should the Physician Dispense His Own Medicines?

The following are the closing paragraphs in a paper by Dr. E. Stuver, Fort Collins, Colorado, in the Critic and Guide, April, 1914:

What effect does dispensing have on the physician? 1. It causes him to study more carefully the chemical reactions, the physiologic actions and the therapeutic effects of the drugs or remedies he is using and if he would succeed compels him to select the very best and most effective agents. Of course I know that it is often claimed that the dispens-

ing physician buys cheap drugs and uses any old remedy that is convenient at hand, but as his professional standing, not to say anything of his success in securing food and clothing for himself and family, depends on the results of his work, such a course would be suicidal and brand him as little better than an idiotan assumption which should be resented by every physician in the land. 2. It makes him a more careful observer and gives him a more thorough knowledge of the effects of remedies on the symptoms and course of the diseases ne is treating. By administering a few doses of the selected remedies at short intervals when first called to a case, he can soon form a clearer conception as to the resistance the disease processes will offer to his treatment and thus be in a position to adjust the dosage more accurately to the requirements of the case and avoid over or under medication. 3. It discourages the use of crude drugs and nostrums and encourages the use of concentrated, carefully standardized remedies, active principles, synthetic preparations and biologic products.

Any doctor can in a comparatively small case have at hand and ready for instant use a very complete assortment of the above enumerated kinds of remedies and be ready to treat almost any kind of disease or condition that may arise but he cannot carry the thousand and one preparations that might be mentioned and which are prescribed largely in an automatic manner; hence he is compelled to use his brains and select the one or more active remedies best suited to the case in hand. 4. By being prepared to meet emergencies and give relief at once the physician more completely gains the confidence of his patient and a stronger bond of sympathy and interest is established between them, thereby ensuring more prompt and satisfactory results to both. Even when the matter of extra expense and troubles is not considered most patients prefer to receive their medicines direct from their physician who if he be systematic in his methods of doing business can almost instantly refer to any treatment hc has ever given them. I have about forty thousand prescriptions on file written in the last thirty-three years and can find anything I have ever prescribed in a very short time.

ARE YOU HOMEOPATHS?

The following is a letter written by Dr. Edwin L. Pyle, a former prominent homeopathic practitioner of Jersey City and sent to Dr. Gordon K. Dickinson, of the same city, about fifteen years ago. Dr. Dickinson recently found it among his papers and sent it to the editor, who is glad to give it to the readers of our Journal.—Editor.

I regret my inability to accept an invitation to be present with you this evening, to decide the question, "Are you Homeopaths?"

I abjure you, for the honor of medicine and for the times in which you live, to rise above sectarianism and decide this question in the negative.

In the earlier history of medicine theories were made and if facts did not agree, so much the worse for the facts, but you live in a period of scientific medicine, erected upon a

basis of chemical and physiological laws and upon the demonstrable facts of pathology and bacteriology. Times have changed, and with them the very title, invented for homeopathic doctrine; has to a great measure, outlived the practical application of its teachings.

The word "homeopath" is correctly applied to a history in medicine, or to a specialty in therapeutics, but incorrectly to hospitals, to colleges and to individuals. To hospitals, because they have the same preparation and technique in all surgical operations. To colleges, because all should teach one common standard to grant an M. D. To individuals, bccause it debars them from rights and privileges which should be common to all. It not only signifies a minor part of a physician's duties, but ostracises, to a degree, most tiresome and deplorable. You should drop the word, because by evolutionary changes and limitations it has become a misnomer. You should drop it to emancipate yourselves from the narrow confines which you have outgrown. You should drop it to end the gossiping rehearsals among the laity, which engender falsehood and sectarian bigotry. You should drop it to balance platforms upon lines of greatest liberality and to accord to every one the privileges of all fellowship upon "personal integrity and individual preference."

Have you ever stopped to recall under what embarrassing circumstances you were medically born into the world? With a knowledge of therapeutics too meagre to make you a source of public safety—and too limited to enable you to stand alone. You lacked those resources without which any physician is shorn of influence. You were graduated without a knowledge of any thing for intestinal amaemias. nothing for the blood discrasia of syphilis, nothing for iritis, nothing for the dangers of post-partum hemorrhage; nothing for convulsions of the puerperal state, nothing to antidote poisons; not an evacuant, not a trusty hypnotic; not an analgesic, no opium, no morphine, no quinine—weakest in emergent conditions and strongest when nothing was needed.

I do not censure you, but I do go further back to call down the legislature that granted the charter and the college that launched you into the world so helpless to meet the necessities of an every-day practice.

Put you have been worthy and copetent, you have made yourselves proficient in that which should have been taught to you. The glory is yours, and the discredit is your alma-maters. But all the time you are in a position that requires long editorials to defend you—a constant explanation is needed and every ten years you have to have a new definition.

"A homeopath is one that adds to his general knowledge of medicine a special knowledge of homeopathic therapeutics." Can't you see through the hollow mockery of such an excuse for you? How can you add to your knowledge of medicine when you didn't have any? If this definition be correct, you were not a homeopath the night of your graduation. But years afterwards when you had compensated in collateral study you inadvertently backed into the definition of what you are. That definition can never be correct until every homeopathic college in the land adopts the same corriculum of study as in all old school colleges and in addition teaches homeopathy."

Then it will be literally and gloriously true.

Now, gentemen, I have been a close observer for twenty-seven years—a period that covers the most significant changes in medicine and surgery-and during this time clinical experience has taught us the self-limitation of diseases, and hygiene has become a science.

New discoveries have given character to medical art and infused a spirit of exactness. The microscope has revealed new fields of investigation; bacteriology has revolutionized our methods, and pathology has become a

pyramid of facts.

Yet, during this period, homeopthy has been so rooted in the past, with a faith and adoration in itself so obsolute, that it has not added to our libraries one book of recognized authority upon any of these subjects; has not developed one new principle in preventive medicine; has not given one new method to modern surgical evolution and scarcely one line to the general knowledge of the medical world.

Surely, surely, you do not belong to this

past period?

With all our new creations, However apt their introduction, There comes a time when round the world, There needs to be a reconstruction.

Editorials from Medical Journals

A Crime Against Motherhood.

From Colorado Medicine, Jan., 1915.

In these days of gross commercialism there scems to be no aspect of human life which is free from exploitation by financial interests and unscrupulous advertisers. It might perhaps have been expected that some last shreds of fundamental decency would forbid the extension of the methods of yellow journalism to the function of child-bearing. We have traveled far, it is true, since the day when Simpson was denounced from the pulpit for proposing to employ choloroform to relieve child-birth of its acutest pains. But there is something peculiarly repugnant to every intelligent and decent-minded man and woman, inside and outside the medical profession, in the ignorant or malicious distortions of medical fact which have lately been put before the public by the editorial staffs of several of our popular magazines. It was bad enough that every mother or prospective mother in the land should have been informed in exaggerted terms of the advantages of the so-called twilight sleep, without adequate presentation of its difficulties and dangers. But the latest effort of this kind is not even based upon a modicum of truth or scientific research. The drug which Mr. Vance Thompson, novelist and playwright, describes in a recent number of the Cosmopolitan Magazine as being "without the slightest danger to the mother," "not interfering with the necessary muscular contractions," and making "painless child-birth a scientific certainty," is in plaln English a proprietary preparation, offered by a French chemist under the names "Tocanalgine" and "Antalgine," and found on analysis to contain, in the dose recommended, about a half grain of morphine hydrochloride. The Journal of the American Medical Association rightly brands

the Cosmopolitan article as "cruel, sensational and a disgrace even to yellow journalism."

Co-Operation in Collections.

From the Lancet-Clinic, Cincinnati.

The enthusiasm of one of the younger members of the Academy of Medicine of Cincinnati in recommending that the members cooperate in the collection of bad accounts and the prevention of financial injustice to the doctor reflects, of course, the pessimism the entiro profession must go through while establishing themselves. It is true, however, that changed methods are developing - methods which will be to the ultimate benefit of all concerned. Doctors have submitted to imposition for so long that the public has come to regard these impositions as among their rights, as witness the recent case in which a doctor was murdered because he refused a call to the house of a man who had swindled him. The idea that a doctor is required by law to answer all calls is only one product of our own self-denial, and is only one of many false opinions of our obligations held by the public.

The legal protection of a doctor's bill is all that anyone could ask. Nothing is exempt from attachment for it, and the courts are uniformly generous in enforcing the law. It is only our own self-denial and avoidance of trouble to the point of submitting to imposition which has made the doctor a standing joke in the business world and has put his name upon every so-called "sucker list" in the country. There is no room for argument either as to the need of treatment without thought of pay or of its availability in emergencies. It is true, however, that every doctor gives in professional services far more to charity than he keeps for his own family. Surely it is not fair to ask the doctor's wife to contribute more than half of her source of income to charity when only "the Lord's tenth" is asked of the average family and only one-hundredth part of that expected. There is no more reason why the State should not pay the charity doctor in the clinic for his services than there is for asking the lawyer who is furnished by the court to indigent defendants to work for nothing. Anything like this is, of course, for our children's greatgrandchildren and not for our lifetime.

One thing, however, can be done and should be done right now. The perfectly correct idea that the man in the street has, that for all practical purposes his conscience is all that will force him to pay for medical attention, can be changed. It will require only a decent self-respect on the part of the profession and the use of the generous legal protection already available. Doctors should unite to force those who can pay to do so or do without medical attention. This could be done easily and cheaply by the use of devices already well developed by the several mercantile trades. notably the rating and collection agency, which is common to progressive business in all lines. If something like this were done the doctor would go to his charity with better grace and would let someone else sing his praises instead of trying to bolster up his selfrespect by singing them himself, as he now does at every opportunity. The profession should watch Detroit's experiment along these lines with the liveliest interest and with every intention of repeating and popularizing the methods found most feasible.

Organization Notes.

From the Iowa State Medical Journal

"You cannot climb the ladder of sucess any faster by stepping on the fingers of those you are passing."

We cannot force men to be progressive, but we can give them the opportunity. We cannot make some men see that progressive medicine consists in something more than graduation, a few medical books and magazines. All we know is that, somehow, the progressive men are always at medical meetings.

When you stop to think of it, how many doctors are there who really do things, that do not identify themselves with medical organizations. Look at the men who are leading in the profession who have accomplished things worthy of note, you will find that they belong to medical societies. The stimulus learning and the avoidance of ruts which they have all required to reach the summit probably was received in part from their County, State or National Societies. To be big men requires association with others.

Why not get those members who never attend the nuetings of the Society to read a short or long paper on "Why I do not attend the meetings." The Committee on Program might arrange for a symposium in that way on this subject.

The relations existing between the members of a medical society should be like one big happy family in which each member tries to help the other members and to work for the common good. If one has found a particular remedy useful in the treatment of a certain disease or has any good item of a medical nature, he ought to pass the good things along at our meetings; some other members may be eagerly looking for just such information. If each and every member endeavors to do something of this nature, our meetings will be cock-full of good things to all. Leave backwardness, selfishness and fear at home in bed, bring optimism, energy and a helpful spirit along with you.

It is a duty we owe our patients to read the best journals we can buy. That great journal of the A. M. A. should be read by every physician. Our own State produces a journal that we need not be ashamed to have on our desk. It is absolutely necessary in order to be abreast with general medicine and surgery to be a subscriber and reader of a number of the leading medical papers that can be purchased for a few dollars each.

Did you ever contemplate the pitable condition the medical profession would occupy if the American Medical Association did not exist?

The circumstances of each physician—be he members or not—is improved because of it.

We as doctors should stand together closer in our business dealings. Every other branch in our country has a so-called gentlemen's agreement in business matters. It should be every doctor's aim to give his patient the best service possible, should charge his patient a just charge according to his walk in life, and

should use every means possible to collect that charge. It is bad business to ever cut or reduce a bill after it is presented. Cutting or shaving a bill makes the patient question your honesty, you lose his respect and he goes elsewhere.

To the young members of our profession whose interest and activities in the societies give promise of a brighter and better day, let us look hopefully for the new dawn and the establishment of a new era, when strife will cease and warfare be forgotten; when peace will prevail, and unity abound among the brethren.

Editorials from the Lay Press.

New State Health Body. From the Newark Evening News.

After July 1 New Jersey will have no State Board of Health, as it will have been abolished and its place taken by the Department of Health of the State of New Jersey, provided for in Senate bill 8, which has been signed by Governor Fielder. Regardless of whether the State receives a better health administration as a result of the change, it may be said that if the removal of politics from a public department conduces to possibility of increased efficiency, then the change should result in an improvement.

The State Board of Health consists of six members, five of whom receive salaries of \$1,500 a year, and the sixth, the secretary \$2,500 a year. The new health organization will have eight members, all serving without pay, but there will be a director of health, appointed by the Governor, who will receive a salary of not more than \$5,000 a year Memberships in boards or departments which do not pay salaries are not usually sought by politicians. Some honor and considerable hard work go with such preferment.

The prospective change in the State's heaith administration seems to be favorably regarded generally. It seems reasonable to expect that there will be a more business-like, a more thorough, a more efficient administration. The law requires that the director of health shall be a "man skilled in sanitary science and shall have had actual experience in an administrative or executive capacity in some well-organized department of public health." So much for the qualifications. This administrative head will be paid an adequate salary and on him will, to a great extent, be centralized the responsibility for the proper conduct of this department. Centralized authority is a term which means a great deal.

It is required that the eight members in the Department of Health shall include at least three physicians, one veterinarian and two sanitary engineers. Here is more promise of efficiency as compared with the present Board of Health, the only stipulation regarding the membership of which is that one member shall be a physician. Dealing as it must largely with the problem of milk production, the membership of at least one veterinarian may be regarded as an absolute necessity. Sanitary engineering is a feature, also, which

is now indispensable in connection with ade-

quate public health work.

The new organization is charged with the preparation of a State sanitary code, the issuing of a monthly health bulletin, the making of sanitary surveys of the whole or any part of the State when necessary, the codifying of the various health laws, and other duties in addition to the exercise of those functions now vested in the State Board of Health. An important provision is that the State organization is empowered to compel local boards of health to enforce the State sanitary laws, or do 30 itself if it deems it necessary. Ample machinery for a splendid health administration in this State would seem, therefore, to have been provided. With a fine discretion in selecting the board members on the part of the Governor, as improvement over conditions which have been frequently criticized should early make itself manifest.

Newspapers and Health.

From the State Gazette, Trenton.

Dr. Herman M. Biggs, health commissioner of the State of New York, is a great believer in printers' ink as an aid in fighting disease. He uses the newspapers throughout the State in his campaign, and attributes his lowering of the death rate in a large measure to the co-operation of the press in getting the advice and suggestions of his department to the people. He is now urging the local health officers to spread health education work by lectures before women's clubs, granges, labor unions, church, fraternal, business organizations.

Speaking of New York State's reduced death rate, several interesting things are brought to light. One of them is that New York city has had for some time a much lower death rate than the remainder of the State, showing that the metropolis does some things better than the other cities, towns and communities of that great commonwealth.

In other words, New York city, even with its tenements and slum districts, is more

healthful than the country.

This is largely due to the work of the active and brainy state health commissioner. Dr. Biggs went to the task well equipped for effective work, having studied extensively in this country and abroad. For a long time he presided over the chair of materia medica at the

Bellevue Hospital Medical College.

"Public health is purchasable. Twenty-five thousand lives may be saved in New York State within the next five years," is the slogan adopted by the New York department. Dr. Biggs is confident that this will be proved, and predicts that the per capita cost will not be over ten or twelve cents, excluding New York city. That his estimate will not be far from correct, barring unusual epidemics, is shown by the fact that there has been a reduction of 2,800 deaths and a lowering of the death rate seven per cent. for the eight months ending March 1. This showing is all the more remarkable when it is known that the figures are computel on the population of the previous period, with no allowance for even a normal

It is a triumph for prophylaxis or preventive medicine.

Therapeutic Notes.

Conjunctivitis of Motorists.

 $\ensuremath{\mathbb{R}}$ Solution of suprarenal extract (1-100), $\ensuremath{\mathrm{mxx}}.$

Boric acid, gr. v . Sodium biborat, gr. x. Peppermint water, mxx. Distilled water, ad 5j.

M. Sig.: Instil four or five drops into the oyes three times daily.—Canadian Practioner.

Flatulent Colic in Infants.

Leonard Williams accredits the following prescription to Widerhofer:

Tincture of cascarilla, mx.
Tincture of krameria, mx.
Oil of anthemis, mj-ij.
Simple syrup, 5ijss.
Water, ad 5ij.

M. Sig.; One teaspoonful every two hours.

Gastric Vertigo.

R Calcined magnesia, 0.3 gram.
Prepared chalk.
Sodium bicarbonate, aa 0.2 gram.
Powdered nux vomica, 0.03 gram.
Powdered belladonna root, 0.02 gram.

M. ft. pulv. To be taken immediately after each meal.—Dr. Robin, in Riforma Medica.

Gastritis-Alcoholic.

Dr. Oettinger prescribes scale pepsin in doses of one-half gram in cachet after meals, together with tablespoonful doses of the following mixture:

R Dilute hydrochloric acid, 3 grams.
 Syrup of lemon, 100 grams.
 Distilled water, 200 grams.
 Gazetta degli Ospedali e delle Cliniche.

Nipples—Sore and Fissured.

Dr. Bardet recommends the following ointment:

R Menthol, Stovaine, aa 0.5 gram. Zinc oxide, 5 grams. Tincture of benzoin. Vaseline, aa 10 grams. Cocoa butter, 30 grams. Essence of roses, 2 drops.

Pneumonia in Children.

Dr. H. W. Dana prescribes the following mixture for an eighteen-months-old baby:

R. Ammonium chloride, 3j.
 Syrup of ipecac, 5jss.
 Tincture of belladonna, 3j.
 Fluid extract of licorice, 3vss.

M. Sig.: Give eight drops in a teaspoonful of boiled water every two hours.—Boston Medical and Surgical Journal.

Stomachic for Children.

L. Freyberger cites the following from the formulary of the Great Ormond Street Hospital, London:

R. Sodium bicarbonate, gr ij.
 Spirit of chloroform, mj.
 Compound infusion of gentian, 3j.
 M. Sig.: Three times a day.

Tabetic Pains.

Dr. Muller recommends intramuscular injections of the following solution in the treatment of the pains of tabes:

R Thiosinamine, 1 garm. Glycerin, 1 gram.

Sodium salicylate, 2 grams.

Sodium salicylate, 2 grains

Sterile distilled water, 12 cu. centimeters. M. Sig.: One cubic centimeter should be injected daily or on alternate days..—La Riforma Medica.

Toothache Drops.

Drs. C. A. Ewald and A. Heffter cite the following formula:

R Oil of cajuput.

Oil of cloves, aa 1 gram.

Chloroform, 2 grams.

M. Sig.: One or two drops to be applied on a little cotton in the hollow tooth, and a few drops to be rubbed upon the cheek on the painful side.

Urticaria—A Lotion For.

Dr. Coughlin finds that the itching may be greatly relieved with the use of the following lotion:

R Phenol, 1.5 gram. Glycerine, 30 grams. Hot water, 120 grams.

A Potent Pediculicide.—At a meeting of the Vienna Medical Society on March 14 Prof. Signund Fraenkel announced that he had accidentally discovered in anisol a substance which would absolutely kill the body louse which is the carrier of the typhus germ. He was experimenting with oil of anise, which seemed to have some effect, and wrote to his laboratory "diener" to send him another bottle. The servant misread the order and sent anisol instead of oil of anise (anisol), and Professor Fraenkel was astonished to find that he had stumbled upon a certain destroyer of the insect.

Borie Acid in Skin Diseases.—Dr. D. W. Montgomery makes an extensive use of boric acid, as an adjuvant to other remedies, in diseases of the skin. Besides its mild and nonirritant antiseptic property, it is soothing. The diseases in which it is useful are acne, in which soaking with a hot boric acid solution is often of great benefit; pyogenic infection of the skin; furuncles, especially styes; impetigo contagiosa, in which a boric acid and starch poultice is one of the best applications for the first treatment, the crust being removed with an ointment composed of 15 parts of ammoniated mercurial ointment, and 30 parts of zinc oxide ointment; perleche (streptococcic infection of the corners of the mouth); runarounds; and various discharging diseases of the skin.

Vincent's Augina-Neosalvarsan Locally in.

Dr. Renaux points out that Zilz, Netter, and Aehard recommend the use locally of a ten per cent. solution of neosalvarsan in glycerin. This solution does not deteriorate for a long time; it is neither caustic nor painful; and it may be applied to the ulcers three times daily. The parts should previously be cleansed with physiological salt solution.—"These de Paris."

Hospitals, Sanatoria, Etc.

All Souls' Hospital, Morristown, has received a legacy of \$5,000.

The Hospital is planning for a new building to be situated opposite the present structure, the cost of which is estimated at \$100,000, of which \$20,000 from legacies is available and a campaign has been inaugurated to raise the balance.

Bridgeton Hospital.

The report of this hospital for April shows: Number of patients admitted, 42; discharged, 27; operated upon, 21; died, 4; remaining, 22; total days of patients, 721.

At the annual meeting of this hospital, held April 20, 1915, the reports of Dr. W. P. Glendon, president and Miss Squarewood, superintendent, showed: There have been admitted to the hospital during the year ending March 31, 1915, 434 patients or 65 more than the previous year; 290 operations were performed; there were 27 death, 17 surgical and 10 medical cases; 220 private patients, 112 ward patients paying what they could and 102 full charity cases; in the obstetrical department there were 13 births with two Caesarian operations, both successful to mother and child. An X-ray outfit has been installed. The need of enlargement of hospital is emphasized.

The graduation exercises of this school took place May 19, when three nurses received their diplomas. Dr. Irving E. Charlesworth delivered the principal address.

Cooper Hospital Training School.

The graduating exercises of this school were held May 27, when seven nurses received their diplomas. The address to the graduates was made by Dr. Walter S. Bray; the presentation of school pins by Dr. Daniel Strock and the presentation of the prize by Dr. W. F. Shafer.

Dover General Hospital.

The Dover General Hospital has received an offer from J. W. Robert to give \$1,000 to the hospital providing the fund committee will secure nine other persons to give a like amount.

The recent dance and entertainment for the benefit of this hospital is reported to have reached four hundred dollars.

Mercer Hospital.

The medical staff recently elected the following officers: President, Dr. Edward S. Hawkes; vice-president, Dr. Nelson B. Oliphant; secretary, Dr. Charles F. Adams; registrar, Dr. Edward S. Watson,

Memorial Hospital, Morristown.

A fair and supper was given in the Y. M. C. A. building, Morristown, last month for the benefit of this hospital, from which was realized more than \$400.

Mountainside Hospital Training School.

Eight young women graduated as nurses from this school last month. Dr. James S.

Brown of Montclair, president of the hospital staff, presented the diplomas. The address to the graduates was made by Rev. Dr. W. R. Stearly.

Mountainside Hospital, Montclair,

This hospital will eventually cease to be ioeated in that town. Recently the new medical building of the institution located just over the town line in Glen Ridge was dedicated and other departments are to follow. The removal is only across Bay street, however, and the institution will continue to be regarded as of Montelair, while being welcomed by Gleii Ridge. Upward of 1,500 persons inspected the new building recently and as many as eould witnessed the dedicatory exercises in the Dr. Richard P. Francis memorial ward in the new strueture

The hospital serves the municipalities of western Essex include Monclair, Verona, the Caldwells, Cedar Grove, Essex Fells, Bloomfield and Glen Ridge. The removal of the surgical building to a site adjoining the new mcdical building will soon be completed. Then all of the hospital departments will be in Glen Ridge. The old buildings in Montelair will be razed. The new building, which is of brick, three stories high, eost about \$130,000. The funds were subscribed at a "whirlwind" campaign two years ago, when approximately \$230,000 was raised. Part of the fund was used to purchase the hospital site and the balance will be applied to an increased mainten-anee cost.

The hospital will accommodate 125 patients.

Overlook Hospital, Summit.

At a meeting of the Overlook Hospital Association, Summit, held May 11, the reports presented showed that during the four months the hospital has been a public institution it had paid its way and has carried a comfortable balance. Trustees were elected, and in the number ehosen were seven women.

Rev. Dr. M. C. Morgan, president of the association, said that the community owed a debt of gratitude to Dr. W. H. Lawrence for the building up of the hospital and the suceessful eampaign he had engineered that resulted in raising \$125,000. Dr. H. W. Mabie pointed out two things which he said were essential for the success of the hospital. The first, he said, was that it be continued on the same business principles that had made it successful in the past, and the other was that it still be controlled by experts.

Dr. Lawrence read a paper on "The Hospital Community," which was delivered by him several weeks ago before the Summit Medical Society.

State Hospital, Morris Plains.

The 39th annual report of this institution has recently been issued. The following are some of the important facts it contains:

During the year ending October 31, 1914, there were 2,960 patients under treatment, 1,500 men and 1,460 women. There were 549 admissions during the year and there were remaining on October 31st, 2,509 patients. There were discharged as cured 83 patients. 184 died or 6.2 per cent. of the number treated. The normal capacity of the hospital is 1,600

or an excess of 909 patients, and it is stated that the rate of recoveries is being reduced year by year because of this overcrowding.

The report of Dr. B. D. Evans, medical director, states that those admitted with mental disease not curable is over 46 per cent.; there were 156 suffering from various forms of dementia; 127 were diagnosed as having adolescent insanity; 43 have paranoia and 21 different forms of imbecility. The advisability of segregating such patients in cottages where they could be easily watched and attended is urged as more satisfactory and more ceonomical way of caring for them, while it would leave the hospital for the admission, observation and treatment of acute eases with more beneficial results to both classes. Beside the 83 patients who were discharged as eured there were 153 in such improved mental eondition as to warrant their release under the provisions of the laws of the State. The danger is pointed out of housing the convict insane along with patients upon whom the taint of criminality does not rest, and the "fearfully serious" condition of overcrowding is forcefully set forth. The advantages of the admission of private patients is ably referred to, incidentally it is mentioned that this part of the work brings into the hospital treasury \$100,000 a year. The industrial occupation work is alluded to as being exceedingly productive of good. The entire report is execedingly interesting and instructive and abundantly demonstrates the incalculable good this and similar institutions are doing.

New Hospital for Atlantic City.

The freeholders of Atlantic County are preparing to build a model tuberculosis hospital among the pines on the mainland. The strueture will cost about \$30,000

\$10,000,000 Hospital and College in New York.

A \$10,000,000 medical sehool and hospital to be ereeted on the former site of the American League baseball park, New York, is the aim of the Presbyterian Hospital and Columbia University. If the project is earried through, as seems probable now, New York's new medical centre will rival those of the great eities in Europe. The plan includes the raising of \$7,500,000 by Columbia University within five years. The Presbyterian Hospital will retain a sufficient part of the tract of ten aeres for the erection of an unusually large chain of hospital buildings and the remainder will be used by the university for the erection of its new medical college.

American to Direct British Field Hospital.

The medical schools of Columbia, Harvard and Johns Hopkins universities will furnish the thirty-two surgeons and physicians and seventy-five nurses who will operate England's newest and largest field hospital. The first detachment will sail about the middle of June, and its expenses and those of subsequent detachments will be met by the three American universities. Plans are being formulated at the request of the British Government by Dr. J. M. T. Finney of Johns Hopkins, Dr. Edward Hall Nichols of Harvard and Dr. Walton Martin of Columbia.

Model Hospital Displayed,—Among the interesting exhibits of the Panama-Pacific Exposition, San Francisco, is a thoroughly equipped emergency hospital conducted as a working exhibit by the United States Public Health Service. Surgeon Rell M. Woodward is in charge with two service assistants and two civilian physicians and in addition there are six nurses on duty.

The American Hospital, Paignton.

Sir William Osler in his letter to the A. M. A. says:

A week at Paignton enabled me to see thoroughly the work of the hospital, which is first-class. A beautiful new ward for between sixty and seventy beds has been opened in the circular riding school, and a laboratory has been organized in charge of Dr. W. B. Crumley from the Mayo Clinic. The hospital has been opened for just six months. Dr. Beal, the surgeon-in-chief, has given me the following statement:

Number of cases admitted, 1,060; number of deaths (0.3 per cent.), 3; number of gunshot wounds, 226; shrapnel and shell wounds, 203; fractures, 115; frost-bites, 153.

The thigh was the part of the body most frequently injured; there were twenty-nine gunshot and shrapnel wounds of the chest, ten of the abdomen and ten of the skull. It is interesting to note that there were only three bayonet wounds. Among medical infections there were five cases of pneumonia, two of typhoid and two of tetanus, and all the patients recovered.

Clinical Organization in the Modern Hospital.

What is most characteristically "modern" in the efficient hospital of to-day (and in this sense hospital efficiency is almost unknown in this country) is a clinical organization so composed as to insure prompt and effectual attention to any disease or combination of diseases that may threaten life or health. The keynote of modern medicine is co-operation. To study the hospital unit, looking neither to the right nor to the left, is to suffer ourselves to be led away from and not toward this vital principle. Hospital planning which ignores the possibilities of co-operative medical practice misses its greatest opportunity.—S. S. Goldwater in The Modern Hospital.

Hospital Lack of Trained Men and Equipment.

Dr. J. M. M. Baldy, president of the Pennsylvania State Board of Medical Examiners, speaking before 150 members of the New York and Philadelphia Obstetrical Societies, asserted that a majority of the hospitals in Pennsylvania, and in fact, the entire country, are a disgrace.

"Out of 218 hospitals in this State" he said, "scarcely 100 were fit to be approved by our board. This year it looks as though we would cut off twenty-five more from the approved list. The hospitals lack trained men and equipment, but the old system of running hospitals as private institutions must stop. Had the public known the true conditions, we physicians would have been called to task years ago.

"It might surprise you to know that the law passed in 1913, which sought the standardization of hospitals, is going to be enforced. It will be enforced. Any hospital that refuses to comply with the rules will lose its State appropriation. Governor Brumbaugh has become interested, and has called for all the data that my board has obtained. Remember, gentlemen, that the governor is the man who can veto your appropriation.

"Last year there were but twenty hospitals in the State that maintained pathological and clinical departments. Think of such a condition as that! I state here and to the world that an institution that fails to maintain these departments should not be called a hospital.

"In Pennsylvania, our board is going to compel hospitals to resolve themselves into educational institutions, where the medical student, fresh from college, may get a fifth year's practical work."

Camden City Dispensary.

The 48th annual reports of this dispensary for the year ending December 31, 1914, were presented at the meeting held April 20th. Dr. D. Strock's report as secretary showed that since the dispensary was organized over 175,000 patients had been treated. During last year 2,273 patients were treated at the institution and the district physicians treated 529 at patient's homes.

At the annual meeting of the Camden City Medical Society, January 5, 1915, Drs. H. Genet Taylor, Daniel Strock, P. M. Mecray, J. L. Nicholson, H. H. Sherk, A. H. Lippincott, W. H. Iszard and W. W. Kain were elected managers of the dispensary.

New Jersey State Village of Epileptics,

The sevnteenth annual report for year ending October 31, 1914, has recently been issued. We gather the following facts from the Superintendent, Dr. D. F. Weeks' report:

At the beginning of the year there were 457 patients under treatment, 15 of whom were feeble-minded men, 241 male and 201 female epileptics. There were 132 admissions including 8 re-admissions during the year. Of the 15 feeble-minded men, one had epilepsy, was discharged and admitted as an epileptic; the other 14 were transferred to Menantico Colony in November, 1913. During the year 25 died, 13 of whom died from the effects of epileptic convulsions. The population at the close of the year, October 31, 1914, was 510 of which 29 were males and 216 females; a net increase of 78 patients. Number discharged during the year: Males, 29; females, 10; total, 39.

There was no serious outbreak of contagious or infectious disease, except an epidemic of measles, but that was confined to one building, 28 patients and one employee being affected, recovered. One hundred sixty-three cases were treated in the hospital-118 patients and 45 employees: 116 were medical and 47 surgical cases. Twelve operations were successfully performed; 1,407 patients were treated in the Of the 510 patients, 481 have dispensary. their histories charted and filed. Seven hundred and thirty-four histories of epileptics have been gathered by the field workers. The register contains the names of 41,057 persons, 25,180 of whom are unclassified; among he 16,777 classified are, 1,279 epileptics,

feeble-minded, 433 insane, 61 criminalistic, 1,-355 alcoholic, 116 sex offenders, 398 migrainous, 1,198 neurotic and otherwise tainted, 349 paralysis, 52 admittedly affected with gonorrhea and syphilis, 158 blind and deaf, 1,611 tubercular, 3,203 died in infancy, 1,038 died between 2 and 4 years, 687 miscarriages and stillbirths and 4,008 normal.

The county registration contains the names of 2,116 epileptics, 57% of whom are at large; only 24% of the known, epileptics are at the village, 19% are in other institutions. Interesting statistical reports are appended.

Bonnie Burn Sanatorium, Plainfield.

Dr. J. F. Runnells, superintendent, reported 109 patients in the sanatorium during April, 28 were discharged; 12 died; 27 patients were admitted during the month.

Sanatoriums for the Treatment of Tuberculosis.—It is said that Massachusetts has five State sanatoriums for the treatment of tuberculosis, with a capacity of 1,100 patients, and 32 city sanatoriums with a capacity of 1,359. Connecticut has 4 State and 5 city sanatoriums. Ohio has 20 county institutions. Wisconsin has 8 and 1 in preparation. California has 5 city sanatoriums. Indiana and Iowa each 4 county sanatoriums. Kentucky has voted 4 levies. Michigan has 3 in operation and taxes levied for 3 more. New Jersey has 5, Illinois 2 and Texas is now building 5. Illinois, Kentucky and California have no State institutions, and there are 14 States without county or city sanatoriums in operation.

State Has 12,966 Wards in Its Care.

Statistics compiled by Commissioner Joseph P. Byers of the department of charities and corrections show that January 31 there were 12,966 State wards enrolled in various institutions, including county hospitals for the insane and for tuberculosis patients.

Of this number 7,251 were in hospitals for the insane, 1,316 in institutions for feebleminded, 2,933 in penal and delinquent institutions, and 1,466 in institutions for the sick, aged and blind. The total enrollment of 12,-966 was an increase of 120 during the month

of January.

The population of the State Hospital at Morris Plains at the close of the month was 2,526 and that of the Trenton Hospital 1,573. Inmates enrolled in county hospitals were as follows: Essex, 1,656; Atlantic, 113; Burlington, 171; Camden, 227; Cumberland, 143; Hudson, 794; Gloucester, 6; Passaic, 35; Salem, 7.

There were 531 inmates enrolled at the State Village for Epileptics, 412 in the Home for Feeble-minded Women, 372 in the Pennsylvania Training School for Feeble-minded, and one in the New Jersey Training School.

Of the criminal and delinquent population 1,403 were in the State prison, 668 in the Rahway Reformatory, 37 in the Woman's Reformatory, 598 in the Boys' Home at Jamesburg, and 227 in the Girls' Home at Trenton.

Of the tuberculosis patients 230 were being cared for at Glen Gardner, 165 in the Hudson County Hospital, 42 in Camden, 8 in Morris, and 95 in Union. The population of the Soldiers' Home at Kearny was 507, and that of the Soldiers' Home at Vineland 367. Fifty-two

blind patients were cared for in New York and Philadelphia and the Arthur Home at Summit.

Medico-Legal Items.

Defense of Malpractice Suits by a Medical Society.—On October 15, 1910, an action to recover \$25,000 damages for malpractice, alleged to have occurred August 5, 1909, was commenced against the plaintiff, who immediately presented the summons and complaint to the secretary of his State Society and demanded that it proceed in accordance with its by-laws and assume the defense. This officer declined to take the papers, declaring that, as the alleged malpractice occurred prior to the adoption of the by-laws in which the Society assumed the duty of defending its members the association was not thereunder required to defend the action. The Society's legal adviser also declined to take the defense. The malpractice action was dismissed, and another, based on the same claim for the same amount of damages, was commenced. In defense of this the plaintiff incurred the expense sued for. The defendant, however, had no notice of the second action until after its determination.

It was held that the by-laws were applicable to claims arising prior to their adoption, the only exception therein relating to causes of action antedating membership, and none other could be implied. Subject to the specified conditions the by-laws imposed upon the association a legal obligation to defend suits against members. The plaintiff, having made due application to the defendant's sectory for assistance, was not required to appry to its council: nor was it necessary to give notice of the second action after the defendant's refusal to defend the first. The burden of pleading and proving that a demand for aid thereunder involved a claim upon which the plaintiff was not entitled to aid was upon the association.-Penhall v. Minnesota State Medical Association, Minnesota Supreme Court, 148 N. W. 472.

Authority of General Manager to Bind Company for Medical Services to Employees.-A corporation engaged in the publication of a daily newspaper was sued by a practicing physician and surgeon for attendance on an employee of the former, who, while engaged in the line of his duty in the pressroom, had his hand crushed. The injury was received at a late hour at night when all officers, including the general manager and the assistant general manager, were absent. The night editor, the highest agent of the company on duty, upon being notified of the employee's condition, called the plaintiff over the telephone to attend the injured man. He responded and gave first aid treatment, respecting compensation for which no question was made, the company having admitted liability therefor. The contest was over that part of the bill represented subsequent visits to the employee at a hospital to which he was removed and office treatment. It was held that there could be no recovery of this, under the rule (not invariably followed by the courts) that even the general manager of a commercial corporation has no authority

or power implied from his official position to commit his company to the payment of ordinary attendance (as contradistinguished from emergency attendance) by a physician or surgeon on an employee of the corporation injured while in the line of duty.—Journal and Tribune Co. v. Loves, Tennessee Supreme Court, 169 S. W. 760.

Marriages.

DONNELLY-DOON. — In Newark, N. J., April 26, 1915, Dr. Robert J. Donnelly to Miss Elizabeth M. Doon, both of Newark.

MAGNER-DEVINE. — In Brooklyn, N. Y., April 30, 1915, Dr. James P. Magner, of Bayonne, to Miss Elizabeth M. Devine, of Brooklyn.

Deaths.

BICKER—At Camden, N. J., May 24, 1915, Dr. Francis J. Bicker, aged 58 years. Dr. Bicker graduated from Jefferson Medical College, Philadelphia, in 1890, when he began and since has continued the practice of medicine in Camden.

DEY.—At Trenton, N. J., May 16, 1915, Dr. Addison H. Dey, of that city, aged 59 years. Dr. Dey was born in Hightstown; graduated from the Medical Department of the University of Pennsylvania in 1881; practiced at Hightstown two years, when he removed to Trenton, where he has since practiced. He was stricken with apoplexy while asleep during the night of May 15th.

HICKOK.—At Roselle Park, N. J., April 9, 1915, Dr. George B. Hickok. Dr. Hickok graduated from the College of Physicians and Surgeons, New York, in 1869; practiced there until 1902, when he removed to Roselle Park.

OLIPHANT.—At Cooper Hospital, Camden, April 11, 1915, Dr. Eugene T. Oliphant, of Bridgeport. N. J., aged 66 years. Dr. Oliphant graduated from the Medical Department of the University of Pennsylvania in 1875.

STEWART.—At Phillipsburg, N. J., May 14, 1915, Dr. Robert Augustus Stewart, aged 64 years. Dr. Stewart graduated from the Medical Department New York University in 1878. He practiced in Phillipsburg thirtyone years,

OWEN.—At Morristown, N. J., May 9, 1915, Mrs. Louise Graves Owen, wife of Dr. Frederick Wooster Owen of that city, after a long illness, previous to which she was prominent in charitable and philanthropic work.

The death of Prof. Frederich Loeffler, on April 9, has been announced. The doctor was professor of hygiene in the medical faculty of the University of Griefswald, Prussia, director of the Hygienic Institute; one of the discoverers of the Klebs-Loeffler-diphtheria-bacillus; also the discoverer of the glanders bacillus, the bacillus of mouse typhoid and other pathogenic organisms. He was 63 years old.

Personal Notes.

Dr. Charles G. Boyer Annandale is medical inspector of the Clinton Township Schools.

Dr. Fred. M. Corwin, Bayonne, and wife gave a dinner last month in honor of the engagement of their daughter.

Dr. S. Thomas Day, Port Norris, who has been seriously ill at his home is recovering.

Dr. Britton D. Evans, Greystone Park, and wife spent a few days in Philadelphia last month. The doctor received also a very complimentary sketch with a picture last month in the Trenton State Gazette.

Dr. Henry A. Henriques, Morristown, entertained the Morristown Medical Club at his home on April 28th.

Dr. Edward J. Ill, Newark, addressed the Men's Club of the Forest Hill Presbyterian Church recently.

Dr. John W. Marcy, Merchantville, who was confined to his home by severe illness recently, has recovered and resumed practice.

Dr. Jacob S. Stage, Newark, is a member of the Essex County Grand Jury for the present term .

Dr. William A. Pinkerton, Bayonne, and wife received many congratulations on the arrival of a little daughter in their home recently.

Dr. Norton L. Wilson, Elizabeth, has been reappointed one of the managers of the Bonnie Burn Sanatorium.

Dr. Albert D. Cuskaden, Atlantic City, wife and son took an automobile trip through the South last month.

Dr. Frank M. Donohue, New Brunswick, and family have gone to their summer home, Cedarcrest, back of Bound Brook, for the summer months, the doctor going by auto to his office in the city each day.

Dr. Thomas H. Mackenzie, Trenton, and wite sailed May 12 for New Orleans, on their way for an eight weeks' trip to the Pacific coast. They will take in the great Exposition, and visit their son, returning by Salt Lake City and Yellowstone Park.

Drs. J. G. L. Borgmeyer and C. J. Larkey, Payonne, report in the Medical Record, May 1, an appliance for producing simultaneous suction and pressure for use in tonsil and adenoid operations.

Dr. James Douglas, Morristown, has been appointed by Judge Salmon, one of the Board of Excise Commissioners of Morristown, for a term of three years.

Drs. Joel W. Fithian and Alex. McAlister, Camden, visited Eagle View, Chester County, Pa., last month.

Dr. William S. Taylor, Trenton, and wife left May 18 for California where they will attend the A. M. A. annual meeting and visit the Panama Pacific Exposition.

Dr. William J. Lamson, Summit, has been re-appointed medical inspector of the local schools at the salary of \$750.

Dr. Jesse D. Lippincott, Newark, and wife have left the city for a western trip to Niagra Falls, the Canadian rockies, Seattle, Portland, San Francisco, expecting to return home by Yellowston's Park, Salt Lake,, etc., June 28th. Dr. Frances Tweddell, Summit, and family will occupy their cottage at Port Jefferson, Long Island, this summer.

Dr. Duncan Campbell, Woodbury, and wife, enjoyed an automobile trip through New York State last month.

Drs. William S. Disbrow and D. L. Mc-Cormick, Newark, were recently elected trustees of the Board of Health Pension Fund.

Dr. Rudolph W. Gelbach, Hoboken, is foreman of the Hudson County Grand Jury.

Dr. B. Frank Ogden, Clayton, and wife, are receiving congratulations on the arrival of a little daughter, born May 15th.

Dr. August A. Strasser, Arlington, expects to leave for California June 10. He will attend the A. M. A. annual meeting, visit the Panama Exposition and other places en route.

Dr. John H. Winslow, Vineland, has been re-elected health officer of the city.

Dr. David E. English, Summit, delivered one of the addresses at the convention of the International Sunshine Society, Bensonhurst, May 20-24, 1915.

Dr. William James, German Valley, was recently called to Philadelphia by the serious illness of his father.

Drs. Alex McAlister, Emma Richardson and Jennie S. Sharp, Camden, were recently elected members of the board of managers of the Camden County Society for the Prevention of Cruelty to Children.

Dr. George S. Spence, Leesburg, enjoyed a fishing trip to Fortesque last month.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

- Swat the Fly! A one-act Fantasy by Eleanor Gates, Author of the Poor Little Rich Girl, etc. The Arrow Publishing Co., 116 West 59th Street, New York.
- A Text Materia Medica and Therapeutics. Book for Nurses. By Linette A. Parker, B. Sc., R. N., Instructor in Nursing and Health, Teachers College, Columbia University. 12mo, 311 pages, illustrated with 29 engravings and 3 plates. Cloth, \$1.75, net. Lea & Febiger, Bublishers, Philadelphia and New York, 1915.
- A Manual of Diseases of Infants and Children. By John Ruhrah, M. D., Professor of Diseases of Children. College of Physicians and Surgeons, Baltimore, Md. Edition, Thoroughly Revised. 12mo. volume of 552 pages, 175 illustrations. Philadelphia and London; W. B. Saunders Company, 1915. Cloth, \$2.50 net.
- Pathological Technique. Including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods.

By F. B. Mallory, M. D., Associate Professor of Pathology, Harvard Medical School; and J. H. Wright, M. D., Pathologist to the Massachusetts General Hospital. Sixth edition, revised and enlarged. Octavo of 536 pages with 174 illustrations. Philadelphia and London; W. B. Saunders Company, 1915. Cloth, \$3.00.

- The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume IV. Number II. (April, 1915). Octavo of 197 pages, 47 illustrations. Philadelphia and London; W. B. Saunders Company, 1915. Published Bi-Monthly. Price per year: Paper, \$8.00.
- Diseases of the Digestive Organs with Special Reference to Their Diagnosis and Treatment. By Charles D. Aaron, Sc. D., M. D., Prof. Gastroenterology, Detroit College Med. & Surg. Illustrated with engravings, roentgrams and colored plates. Lea & Febiger. Philadelphia and New York. 1915.
- Infection and Immunity. A Text-book of Immunology and Serology. For Students and Practitioners. By Charles E. Simon, B.A., M.D., Professor of Clinical Pathology and Experimental Medicine, College of Physicians and Surgeons, Baltimore; Pathologist to the Union Protestant Infirmary, the Women's Hospital of Maryland and the Mercy Hocpital, Baltimore. Third Edition, enlarged and thoroughly revised. Octavo, 351 pages, illustrated. Cloth, \$3.25 net. Lea & Febiger, Publishers, Philidelphia and New York, 1915.

Reports, Reprints, Etc., Received.

Second annual report of the Associated Out-Patient Clinics of the City of New York, with list of medical, surgical and special dispensaries and clinics, 1914.

A Review of Recent Advances in Otology, by Dr. James J. King, of New York.

Proceedings of the 40th annual meeting of the New Jersey Sanitary Association, December, 1914.

MEDICAL EXAMINING BOARDS' REPORTS Examined Passed Failed

Examinica.		i. zasscu.	raneu.
Alabama, January	35	15	20
Connecticut, March*	1	1	0
Dist. Columbia, Jan	6	3	3
Iowa, January	13	11	2
Maryland, Dec	37	28	9
New Mexico, Jan	1	1	0
North Dakota, Jan	5	3	2
Oklahoma, Jan	13	5	8
Oregon, Jan	42	25	17
Rhode Island, April	6	4	2
Washington, Jan	45	42	3
Wisconsin, January	19	13	6
*Hamaanathia Doord	of.	Errominon	

Homeopathic Board of Examiners. Michigan licensed 18 through reciprocity from January 11 to April 16, and California licensed 27 in January, 1915.

The New Jersey State Boards meets in Trenton June 22, 23. Dr. H. G. Norton, Secretary, 429 East State street, Trenton.

Public Health Items.

Prevention. — Ventilate; you who want health; ventilate.—Buffalo Sanitary Bull.

The New Gospel of Health and Efficiency.

Illness as well as injury occasions a large economic waste to the company as well as to the employees on account of lost time, idle machinery and ineffective work. It is to the direct interest of the company as well as to the individual to bring about a reestablishment of health, and consequently of efficiency, by supplying the best conditions possible for recovery.—Survey.

Report on Infant Mortality.

The Children's Bureau of the Department of Labor, which is trying to ascertain the conditions of life favorable for American babies, has made public a report on infant mortality. It was found that the deaths of the babies investigated were inverse proportion to the earnings of their fathers. Babies whose fathers earned less than \$10 per week died at the rate of 256 per 1,000. Those whose fathers earned \$25 or more a week died at the rate of \$4 per 1,000. It was also found that in the poorest sections of the city, where sanitary conditions were at the worst, the rate was 271 per 1,000, or more than five times that of the choice residential section.

Trades Union Anti-Tuberculosis Association.

This association of Newark and vicinity recently issued its third annual report for the year ending May 1st, showing also the results of its three years' work.

The association's physician, Dr. Isaac E. Gluckman, made 6,522 visits; there were issued 4,765 orders for free drugs, 16,410 free quarts of milk and 2,909 dozens of eggs. In the year ending with the report, the physician made 3,472 calls. His report on these cases shows that nine cures were effected, five cases were arrested, twenty-four showed improvement, ten refused treatment, twenty were not within the association's jurisdiction, fifteen were sent to sanatoriums, two were sent out of the city and four died.

Tuberculosis Bureau for Newark.

Newark will probably soon have a tuberculosis bureau with a medical director, clerk, stenographer and four nurses, if the appropriation for this movement, which will be included in the Board of Health's budget, is approved by the finance committee of the common council, according to recommendations made by Dr. Theodore Teimer, chairman of the tuberculosis committee. He proposed the project to the Health Board, the director to receive an annual salary of not less than \$2,500. The clerk and stenographer \$65 and \$50 a month respectively, and the nurses \$70 a month each. Dr. Teimer broached his plan after the board decided to eliminate "sanitarium" from the tuberculosis sanitarium committee. change in the committee's name was made with the idea that the plan to turn over the city sanitarium at Verona to the county will soon be adopted. The same chairman and members of the old committee were retained.

Infant Mortality in N. Y. State, 1914.

The report of the State health commissioner, Dr. Hermann M. Biggs, shows that for the year 1914, the first year of the working of the new public health law, the infant death rate dropped from 137 per 1,000 births to 112 per 1,000. This means an actual saving of over 1,400 infants' lives. The educational campaign by which this was effected cost the State \$14,500. Forty-five cities were visited and 150 popular health lectures given. Leaflets and pamphlets to the number of 75,000 were distributed. The total death rate for New York City for 1914 was 14.0 per 1,000 population, while for the entire State, including the Greater City, it was 14.6. The birth rate for the entire State was 23.7 per 1,000 population.

Dr. Simon Baruch in his presidential address before the American Association for Promoting Hygiene, spoke in praise of the efforts of the Allies in the present war to restrict the use of alcohol, and he believed much good would result from our anti-narcotic laws. He warned against the danger of contracting a drug habit at the soda fountain or through the use of patent medicines and urged that public health administration be taken out of the politicians' control, citing the wonderful results of such action the Canal Zone.

Dr. Oliphant first began the practice of medicine in Manahawkin, Ocean County, but finding the work too arduous he left this and settled in Bridgeport in 1876, where he built up a large practice. He has been a member of the Gloucester County Medical Society since 1875, and was chosen its president on several different occasions. He was also chosen Tax Collector of Logan Township in 1897. He was a Past Master of Swedesboro Lodge No. 157. F. and A. M.; a Past Master Workman of Bridgeport Lodge No. 30, A. O. U. W. He was one of the organizers and was the first to fill the chair of the "Master Workman" of the latter lodge. He was also instrumental in organizing the Poard of Health of Logan Township, of which he was the physician for several years. He was a member of the Board of Directors of the Woodbury Trust Company. He is survived by a wife and two daughters.

Failure to Meet Liabilities Means Bank-ruptcy.—Sick people are an expense to the State, whether the expense be borne by the State or by individuals, for the wealth of the State is but the aggregate wealth of its people, and any State that will not assume the duty of caring for the public health will fall in its competition with other States.—H. L. Sutherland, Pull. Mississippi State Board of Health.

Relation of Death Rate and Tax Rate.—Many recognize that the death rate and the tax rate have a positive relation to each other, and that health is the first requisite in the progress and happiness of a people. When this is more generally appreciated it will not be a difficult task to secure the necessary material and support, be it public or private, individual or organized, to maintain a higher standard of public health.—Homer C. Frown, Monthly Bulletin, Ohio State Poard of Health.

Reporting Contagious Diseases in Cincinnati.—The health department of Cicinnati has an arrangement with the post office in that city whereby unstamped contagious disease report cards mailed by physicians will be forwarded to the office of the department, the postage being paid out of a fund deposited for that purpose with the postmaster.

Engineering and Medicine. — In combating pestilence the profession of engineering has combined with that of medicine. When disease comes from without it requires the aid of a profession which deals with things external, and as disease always acts within it requires the aid of a profession which deals with things internal. It is idle to discuss whether the doctor or the engineer plays the greater part in preventing disease. Where so much has been accomplished by both, where the work to be done is so great, there are tasks enough and rewards enough for both professions.—George C. Whipple, Science.

Social Survey of Springfield, Ill.

"Buy your citizens' lives," was the admonition given Springfield in the report of the Russell Sage Foundation, which conducted the recent social survey of the city. The report on the public health situation was made public by the Foundation and is said to be a model for action by other cities of similar size. By expending money, lives of citizens may be saved—literally, purchased—according to the report, written by Franz Schneider, Jr., celebrated health expert of the Russell Sage Foundation. The report is one of several on various conditions in Springfield prepared as the "milk in the cocoanut" of the recent survey and social diagnosis.

"Serious life and health wastage is constantly going on in Springfield," the report made public asserted. In the last six years 1,218 residents died from known communicable diseases and several thousand more were made ill. At least one-fourth of the deaths may be laid to these preventable diseases." That 200 of the victims' lives might have been saved—bought by public expenditure of money on public health—was asserted. A plan of reorganized health work involving only relatively small financial outlay was recommended in the report. Organization of a city health department was deemed imperative by the Foundation's experts.

Financial and Economic Value of Health Work

The bulletin issued by the State Board of Health last month shows the value of health work especially in its results on the prevalence of typhoid fever.

It is shown that the typhoid death rate for the State has been reduced from twenty-two per 100,000 of population in 1900 to 9.6 in 1913. The only States in the registration area with lower typhoid death rates for 1913 are Vermont, with a rate of 7.8; Massachusetts, with a rate of 7.9; Rhode Island, with a rate of 8.3, and Wisconsin, with a rate of 9 per 100,000 population. Taking the average for five years, 1909 to 1913, New Jersey ties New Hampshire for third place, with an average rate of 11.7. The only registration States having lower rates for this period are Massachu-

setts, with an average rate of 9.7, and Rhode Island, with an average rate of 10.2.

Economic Value of Human Life.

When a bespectacled, serious-minded mathematician sets out to demonstrate the economic value of human life, the average business man yawns and looks cynical. Nevertheless, we all know that human beings have a cash value. Insurance companies build up their enormous business upon the practical and substantial recognition of the fact. A farmer, deprived of the service of an able-bodied son, appreciates the son's cash value when he hires a substitute. Business men recognize man's cash value when they form their booster organization to bring new industries to the home town and thus increase the population. Real estate in New York City would not be worth more than that of one of our northern counties, were it not for the difference in the number of inhabitants. The average length of human life has been doubled in the past four hundred years. That has increased our wealth tremendously. Cold-blooded insurance actuaries, who draw high salaries for knowing and not dreaming, say fifteen more years can be added by utilizing existing knowledge. Human health and strength represent the State's and individuals greatest asset. Safeguarding the possession is distinctly worth while.

Lancet-Clinic, Cincinnati.

The Danger of Quack Medicines.-There are two very good reasons why these tempting baits should be avoided; first, because proprietary medicines rarely do any good, and second, because they often do very serious harm. Tuberculosis may frequently be cured by proper treatment in a sanatorium or hospital; cancer by a surgical operation, but neither of them by drugs. The sad part of it is that while ignorant and foolish people are trying to treat themselves by drugs, the time when a real cure could be effected often passes by and when at last they call the physician it is too late. This is not the worst of it, however, for many proprietary medicines are not only fakes, but, worse, they often contain dangerous poisons or habit-forming drugs. The "soothing syrups" are rightly known to physicians as "baby-killers" for their active principle is usually morphin or opium, and headache cures often contain such powerful and dangerous drugs as acetanilid or phenacetin. The spring medicines, tonics, bitters, sarsparillas, etc., are often strong alcholic drinks as harmful for habitual use as whiskey or gin. * * * If you do not feel well and need medicine, consult a skilled physician and don't pay tribute to the Great American Fraud the patient medicine faker.—New York Health Almanac.

Improved Medical Inspection of Children.

In our own country we think we have taken a long step forward in establishing medical inspection of the children in the public schools, but it seems that across the water they are going even further and extending this service to include the youngsters who have not yet arrived at school age. In an English city a medical inspection center has been opened with a staff of trained visitors who get into

immediate touch with every family where there has been a recent birth. Each child in the district is kept under supervision from the time it is a day old until the end of its fifth year, when it is handed over to the school authorities.

It has been demonstrated that many children, healthy in all respects at birth, become within five years physically defective. Before this scheme of continuous and early observation was instituted, such youngsters entered school, if, indeed, they were allowed admission at all, under serious handicaps. Large numbers of cases were recognized that with timely treatment would have been restored to perfect efficiency. Often their nature was discovered when it was too late. Ignorance rather than indigence or willful neglect was found to be responsible for these defectives.

The subject is worthy of consideration. Work along these lines has already been inaugurated in Cincinnati by Dr. Wade MacMillan.-The Lancet-Clinic, Cincinnati.

STATE BOARD OF HEALTH REPORT.

Monthly Statement, April, 1915.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending April 10, 1915, was 3,814. By age periods there were 572 deaths among infants under one year, 231 deaths of children over one year and under five years and 1,367 deaths of persons aged sixty years and over.

The total number of deaths for the month compared with the corresponding period for the two previous years are as follows: Total deaths in New Jersey, April, 1913, 3,867; 1914,

4,045; 1915, 3,814.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending April 10, 1915, compared with the average for the previous twelve months, the average in each case being given in parenthesis:

Typhoid fever, 16 (18); measles, 13 (15); scarlet fever, 13 (16): whooping cough, 19 (22); diphtheria, 35 (52); malarial fever, 2 (1); tuberculosis of lungs, 390 (308); tuberculosis of other organs, 57 (47); cancer, 212 (187); diseases of nervous system, 311 (277); disseases of circulatory system, 629 (517; diseases of respiratory system (pneumonia and tuberculosis excepted), 309 (203); pneumonia, 442 (234); infantile diarrhoea, 65 (190); diseases of digestive system (infantile diarrhoea excepted), 221 (196); Bright's disease, 305 (253); suicide, 48 (43); all other diseases or causes of death, 727 (692); total, 3,814 (3,271).

Communicable Diseases for March, 1915.

The total number of cases of communicable diseases reported during March, 1915, was 2,971, an excess of 42 over the number reported during March, 1914.

Typhoid Fever-Sixty-three cases, an average of 13 per cent. over same month last year. No cases were reported from Cape May, Hunterdon, Salem, Somerset and Sussex counties.

Diphtheria-Six hundred and ninety-seven cases, an increase of 29 over last month. Reports were received from every county in the State except Sussex.

Scarlet Fever-Five hundred and forty-eight cases, 46 per cent. less than same month in 1914. Cases were reported from every county except Gloucester.

Tuberculosis-Eight hundred and twenty cases, 16 more than for the same month in

Smallpox-This disease was reported from two counties, Cumberland, 54 cases, and Camden, 4 cases.

Laboratory of Hygiene Report.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 1,223; tuberculosis, 608; typhoid fever, 344; malaria, 26; miscellaneous specimens, 132; total, 2,333.

Laboratory of Hygiene, Food and Drug Dept.

During the month ending April 30, 1915, 415 samples of food and drugs were examined in the State Laboratory of Hygiene. lowing were found to be below standard: Twenty-four of the 294 samples of milk; 6 of the 9 of lemon extract; 3 of the 5 of vanilla extract; 3 of the 13 of acelanilid tablets; the one of consumption cure; 20 of the 56 of. spirits of peppermint. 50 samples of water, relating to oyster work, were examined.

Bureau of Creamery and Dairy Inspection.

During the month 388 inspections were made as follows: Sixty-eight dairies; 62 creameries; 11 milk depots; 247 ice cream factories. Number of dairies scoring above 60 per cent. of the perfect mark, 32; dairies scoring below 60 per cent. of the perfect mark, 36; creameries licensed to pasteurize milk, 3; ice cream factory licenses recommended, 14.

Bureau of Food, Drugs, Water and Sewerage.

Total number of samples analyzed in the water laboratory, 178; public water supplies, 136; proposed public water supplies, 1; State institution water supplies, 10; private water supplies, 20; bottled water supplies, 2; trade wastes, 4; sewage samples, 7; miscellaneous samples, 4.

Number of stream pollutions reported, 19; reinspections of stream pollutions made, 69; stream pollutions found abated, 30; notices to cease pollution issued, 26; plans for scwage disposal plants, sewerage systems and extensions approved, 15.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1915, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedics":

Euresol pro Capillis, Knoll and Co.

Standard Radium Solution for Bathing-A 5.2 per cent, barium chloride solution containing radium chloride equivalent to 4.2 micrograms of radium per bottle. For "Actions and Uses' see the article on radium in New and Non-Official Remedies. The barium in the solution is said to have no effect. The contents of a bottle, containing 4.2 microcuries or 10,000 Mache units are used for a bath. The Radium Chemical Co., Pittsburgh, Pa. (Jour. A. M. A., April 17, 1915, p. 1325).

Standard Radium Solution for Drinking-A solution of 2 micrograms of radium and 1.3 mg. barium chloride per bottle of 60 c.c. For "Actions and Uses" see the article on radium in New and Non-Official Remedies. In view of the small barium content, it is claimed that the physiologic action of barium may be ignored. The Radium Chemical Co., Pittsburgh, Pa. (Jour. A. M. A., April 17, 1915, p. 1325).

Standard Radium Earth-A mixture consisting chiefly of silica and small quantities of carnotite, 450 gm. containing 0.45 micrograms of radium in the form of radium sulphate. For "Actions and Uses" see the article on radium in New and Non-Official Remedies. For use the earth is mixed with water and heated for a time. The Radium Chemical Co., Pittsburgh,

Pa. (Jour. A. M. A., April 17, 1915, p. 1325).
Standard Radium Compress — A compress containing 225 gm. of a mixture consisting chiefly of silica and barium sulphate containing radium sulphate equivalent to 15 micrograms of radium. For "Actions and Uses" see the article in New and Non-Official Remedies on radium. Being applied wet, it is claimed that the action is partly due to beta and gamma radiation of the radium salt and partly to the radium emanation which is dissolved out by the water. The Radium Chemical Co., Pittsburgh, Pa. All the above are noted in the Jour. A. M. A., April 17, 1915, p. 1325.

Food for Thought.

"A little thing, a sunny smile, A loving word at morn.

And all day long the sun shone bright, The cares of life were made more light, And the sweetest hopes were born.'

"The most valuable part of every man's education is that which he receives from himself, especially when the active energy of his character makes ample amends for the want of a more finished course of study."

"Three things to govern-Temper, tongue,

"Three things to cultivate—Courage, affection, gentleness.

"Three things to despise—Cruelty, arrogance, ingratitude.

"Three things to wish for-Health, friends, contentment.

"Three things to admire-Dignity, gracefulness, intellectual power.

"Three things to give-Alms to the needy, comfort to the sad, appreciation to the worthy."

Ten Rules to be Observed in Practical Life.

Given by Mr. Jefferson in a letter of advise to his namesake-Thomas Jefferson Smith, in 1825:

- 1. Never put off till to-morrow what you can do to-day.
- 2. Never trouble others for what you can do yourself.
- 3. Never spend your money before you have it.

- 4. Never buy what you do not want because it is cheap.
- 5. Pride costs us more than hunger, thirst and cold.
- We never repent of having eaten too little.
- 7. Nothing is torublesome that we do willingly.
- 8. How much pains have those evils cost us which never happened?
- 9. Take things always by their smooth handles.
- 10. When angry, count ten before you speak; if very angry, a hundred.

"Billy" Sunday Epigrams.

Hugging and kissing a poodle dog is mighty small business compared to moulding the life of a child.

Being a king, an emperor or a president is mighty small potatoes compared to being a mother or the teacher of children.

There are slaves of fashion, women who are chained to the Moloch of pride and vanity, all noble longings and ambitions of motherhood dead.

Just think, when at last they put the clods on your coffin and your wife and children go home, if all they remember is your curses and blows.

Your reputation is what the people say about you. Your character is what God and your wife know about.

If you wish for success in life make perservance your bosom friend, experience your wise counselor, caution your elder brother and hope your guardian genius.-Addison,

The winding foot-path among the hills often helps you on your way as much as the high road; the day off among the islands of repose gives you a steadier hand and a braver heart to make your voyage along the stream of duty.-Henry Van Dyke.

Facetious Items.

Willie-Paw, when a baby gets sick why do they call the doctor?

Paw-To cure it, my son.

Willie-Well, why don't they send for the curate, instead of the doctor.

Paw-You go to bed, Willie.

"The abbreviations of two of the States of the Union ought to be very close to each other in popular association.'

"What are they?"

"Ill. and M. D."-Baltimore American

"Yes," said the young physician of aristocratic lineage, "our family has a motto, but I prefer not to use it. It is a little too suggestive in my profession."

"What is the motto?"

"Faithful unto death."-Boston Transcipt.

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CONSERVATION.

By Frank D. Gray, M. D., F. A. C. S. Jersey City, N. J.

Conservation is a new, old term; new, because in actual point of time it has only loomed large upon the public vision for less than two decades; old, because, in these kaleidoscopic times, it did not originate yesterday. More especially within the past ten years it has filled pages of the press and volumes on library shelves. It has been a never ending theme of statesmen, economists, business men and scientists.

Outside the ranks of physicians and sanitarians it has concerned the preservation and, in some instances, the restoration of those inert, natural, material resources, such as timber, coal, water, iron and other minerals, which are popularly supposed to be the chief, if not sole, foundations of a nation's greatness. A more or less ominous depletion of the visible supplies of these resources has led to strenuous legislation, national and State, to combat the reckless waste natural to the inhabitants of a new land possessed of hitherto apparently inexhaustible material riches.

Strangely enough the masses have failed to appreciate, during this attempt at conservation of commercial assets, the at least equal importance of conserving life and health. They have been slow to realize that, aside from any sentimental views on the value of life and good health, a land bountifully supplied with forests, irrigated by countless streams and underlain by the richest mineral deposits, would have no

commercial value without a healthy and growing population—in other words, that the conservation of human life and health is at least equal in importance to that of timber, water and minerals—and hence the efforts of the medical profession and other sanitarians to conserve these interests by promoting sanitation and hygiene, together with preventive medicine, in a broad sense, have met with indifference and often opposition on the part of the very ones they were meant to protect.

We hear much of the marvelous discoveries and inventions of science and art during the nineteenth and thus far in the twentieth century—but little more than a hundred years—but when the "man in the street" attempts to catalogue them he naturally thinks of the steam engine, the telegraph, the telephone, the aeroplane and hosts of other mechanical wonders—even the tremendous engines for destruction of human life on land and sea and under the sea; but how often does he include in his list the miracles performed by preventive medicine, which is synonymous with life conservation and health conservation?

Time will permit of only a brief review of some of the salient features concerning the history and present status of this subject.

Up to nearly 1800 A. D. the energies of the medical profession were directed almost wholly toward curative medicine and those efforts were so crude and unscientific that until the dawn of the nineteenth century the world was cursed with plagues, pests and uncontrollable epidemics of communicable diseases.

Smallpox was the first of these great destroyers to yield to preventive procedures, through Edward Jenner's scientific observation and logical reasoning, while Jenner's beneficient discovery was put to the proof only one hundred and nineteen years ago

when he, on May 14, 1796, first vaccinated a country boy, James Phipps, with matter from the arm of the milk maid, Sarah Nelmes, who had contracted cow pox in the usual way, and finally established the immunity conferred by inoculating Phipps, on July 1st, with smallpox virus without result.

The generally overlooked merit of Jenner's work rests upon the fact that, like Harvey with his proving of the circulation, he began with the hope of producing by his experiments, a permanent working principle in science—experimental demonstra-That he succeeded as the pioneer in preventive medicine is shown by the gradual elimination of the former disastrous smallpox epidemics to an extent not accounted for by improved general sanitation, and by the approximate reduction to zero of the mortality of smallpox in such countries as Holland and Germany where vaccination and revaccination is compulsory. In the Franco-Prussian war in 1870-1871, the unvaccinated French army lost over 20,000 men from that disease, while the Germans who had been revaccinated within two years, lost only 297. Again, Kitasato's published statistics of vaccination in the Russo - Japanese war show that, with smallpox endemic in Japan, there were only 362 cases and 35 deaths in an army of over a million soldiers. These facts, together with the effective subjugation of smallpox in Porto Rico and in the Phillipines, through vaccination, as well as a multitude of less conspicuous examples, show the efficiency of this earliest instance of preventive medicine and the deplorable ignorance, if not knavery, of the anti-vaccination cult, some of whose disciples have shown so much activity, even recently, in this State.

For a period of about fifty years Jenner's work remained as the sole instance of conservation by means of preventive medicine. Then came the glorious discovery of anæsthesia in 1846-7. Anæsthesia deserves a high rank as a conservator first of human happiness and comfort and also as a real agency for the saving of human health and life, because it permitted a vast extension of surgical treatment of ills and injuries. Owing to its beneficient influence, surgeons found multitudes of patients willing to submit to operation for the cure of either disabling or otherwise fatal illness and trauma who, in the pre-anæsthetic days, would have refused their survices; moreover, the surgeons' skill was greatly enhanced by absence of the disturbing elements of suffering and agony which they were formerly compelled to witness in the lesser number of cases which did come to operation.

The over-shadowing figures in human conservation during the latter part of the nineteenth century were Pasteur and Koch, the former being the pioneer of the modern theory of inoculation against disease, while to the latter we owe the development of the correct theory of specific infectious diseases. But for Pasteur's work, Lister would not have developed antisepsis; nor would aseptic surgery now be practised, with its saving of hundreds of thousands of lives throughout the civilized world. To be sure Semmelweis advocated extreme cleanliness in obstetrical work in 1847 using a real antiseptic, chloride of lime, in cleaning the hands of attendants—but Semmelweis, while greatly reducing the mortality from puerperal fever by his preventive methods did not grasp the true bacterial character of the disease and his teachings took little hold on the profession until after Lister showed the real nature

Stimulated directly or indirectly by the fundamental researches of Pasteur and Koch came a long list of medical conservationists between 1870 and the present time. To mention the work of only a few is possible within the time at our disposal; for instance, the causal relationship of the bacteria of leprosy by Hansen, of typhoid fever by Eberth, of lobar pneumonia by Sternberg, Frankel and Friedlander, of erysipelas by Fehleissen, of diphtheria by Klebs and Loeffler, of cholera nostras by Finkler and Prior, of tetanus by Nicolaier, of bacillus coli infections by Escherich, of cerebro-spinal meningitis by Weichsellbaum, of influenza by Pfeiffer, of baccillus aerogenes infection by Welch and Nertall, of Bubonic plague by Kitasato and Yersin, of dysentery by Shiga, of whooping cough by Bordet and Gengou and of the principle of agglutination, on which depends the blood test for typhoid fever, by Gruber

From the long and brilliant array of bacteriologists and sanitarians of the latter part of the nineteenth century we learned that the germs of some of the communicable diseases were water borne and we proceeded to purify and protect the water supplies, with marked reduction, sometimes eradication, of typhoid fever and cholera; milk came next under suspicion as a carrier of typhoid, with the same results; then it was accused of conspiracy in the causation of tuberculosis and still more rigid precautions, in production and handling, gave us the almost germ free "certified milk" for those who could pay the price involved and the "pasteurized" article for those who could not afford the former.

Other disorders proved to be air borne and pure air with a maximum of sunlight became the order, with material reduction of mortality rates, especially in tuberculosis.

Still another class of diseases proved to have a host as carrier. The theory that mosquitoes can transmit malarial fever was indicated even in the Sanskrit but remained a theory only. The same thing for yellow fever was advanced by Nott of South Carolina in 1848, while it was more definitely stated by Finlay, of Cuba, in 1881, and for malaria by King in 1883, but it was reserved for a Military Medical Commission consisting of Reed, Carroll, Agramonte and Lazear to prove scientifically, and at the risk of their lives, that yellow fever is caused by a filterable virus borne by the mosquito, as a host, from the ill to the well.

You hardly need to be reminded of how Carroll submitted to mosquito inoculation, in order to prove the theory; developed the disease and fortunately recovered; while Lazear died from yellow fever caused by a mosquito bite. Indeed the roll of medical martyrs does not end with these men. We must remember Servitus and Semmelweis who died for their opinions; we must pay homage to Carrion, Yersin and Muller, Carbone, MacFadyen, Dutton, Ricketts and McClintock who died as a result of their investigations, respectively of verrugas, bu-bonic plague, Malta fever, African relapsing fever, tabardillo and Rocky Mountain fever; nor must we forget Townsend, who though living, took the same risk very recently in proving the host-borne character of the Peruvian verrugas, the host proving to be a minute gnat which sucks the poison of the disease from a small lizard, inhabitating the canyons of the Peruvian coast, and then transmits it to man.

Those men who laid down their lives for the love of science and mankind along with numerous others whom history does not record, but who were just as truly martyrs to disease and infection, contracted at the bedside and in the operating room, are fully as worthy of commemoration in monuments of stone or niches in halls of fame as are the military heroes who risked or lost their lives on battle field or sea. The medical heroes had not the stimulus of bat-

tle heat nor hope of glory, but took the chance of encounter with the "grim reaper," just the same, with a higher purpose than hope of conquest and one at least equally worthy as defense of national honor.

Life and health conservation in the modern era has been accomplished by the two hand maidens, Preventive Medicine and Curative Medicine, and in both instances the term medicine has largely lost its older significance of drugs administered and has come more nearly to signify sanitary conditions, hygienic living and the neutralizing of disease processes by sera; together with such aids to "nature cures" as the stimulation of natural physical processes and the production of immunity by vaccines.

Perhaps the two most striking examples of conservation through preventive medicine have been in tuberculosis and typhoid fever, because of the wide range of prevalence and high mortality rate attached to both at the beginning of the preventive era. The role of surgery in preventive medicine is confined almost entirely to attacks on pre-malignant stages of potential malignancies. Its curative field since the introduction of asepsis is so broad as to permit only of its mention and emphasis here. Surgical diagnosis and surgical technic have been so vastly improved in the past quarter of a century that this branch of medicine has become one of the greatest agencies of conservation and there is reason to hope that its scope is yet to be enormously en-

The existing prevalence of tuberculosis, viewed without comparative methods, would lead one to conclude that but little conservation had been accomplished there; but a comparison of present mortality statistics with those of thirty years ago shows the gratifying fact that the death rate from the "great white plague" has been reduced nearly 50 per cent. There is, however, great need yet of a persistent and vigorous campaign of education in this field, and the present trend of thought—that tuberculosis is really a disease contracted in infancy and childhood, almost entirely from direct association with tuberculous conditions in others-shows the way to a new and hopeful line of prevention which, we trust, may be properly utilized to immensely aid the cause of conservation.

The conservation of life and health from the ravages of typhoid fever presents still more striking results than in the realm of tuberculosis. Through sanitary efforts alone—which include purification of many, but by no means the majority, of water and milk supplies and protection of much, but by no means the majority, of food supplies from contact with dust and flies,—the mortality rate from typhoid in the registration area of the United States has been reduced in the period between 1900 and 1913, from 36 to 18 per 100,000 inhabitants—a reduction of just 50 per cent., from sanitation alone — anti-typhoid vaccination having been a negligible factor.

Individual cases show strikingly good and bad results from correspondingly good and bad sanitation. For instance, in the Spanish-American War, under bad sanitary conditions, there were 25,000 cases of typhoid; in the Boer war 31,000 soldiers were invalided home from the same cause, while among the Japanese in the Russo-Japanese war under good sanitary conditions. Oku's army of 75,000 men showed only 66 cases in six months; and in Kuroki's army, among 26,923 cases of illness, only 35 were

typhoid

Later, in the British army of India and South Africa, voluntary vaccination against typhoid showed only 6.6 cases to the 1,000 men inoculated as against 39.5 among the non-inoculated; while in the recent general inoculation in our own army of 46,800 men stationed at San Antonio and Galveston during four summer months, typhoid was practically unknown, proving that through sanitation and vaccination typhoid need not exist.

The latest reports from the British soldiers at the front in the present war, are not quite as favorable as those just quoted, but yet show a remarkably preventive action of the anti-typhoid vaccine. Ninety per cent. of the men had been inoculated and of these 200 developed the fever. with 20 deaths. In the remaining 10 per cent. there were 481 cases with 100 deaths. We surely know how to eradicate typhoid fever, just as we know how to subjugate tuberculosis and yet approximately 20,000 deaths from typhoid and 150,000 deaths from tuberculosis occur annually in the States and it must be remembered that these figures represent from 5 to 8 times as many cases of serious illness-an appalling difference between what is and what might be.

Typhus fever is so strictly a disease of unusually filthy surroundings and, in modern times, so remote from centers of civilization, that until the outbreak of the great European conflict it had, of late, attracted little attention. Now, however, its preva-

lence in Serbia and Montenegro brings it to the fore. The large fatality among the heroic physicians devoting themselves to the care of typhus sufferers, the proof that its germs have the body louse as a host and the hope that the new vaccine of Plotz may prove an effective preventive, all nourish a new interest in conservation as regards typhus.

While the greatest total of human conservation must be credited to the *preventive* side of medicine because it has been concerned with the most prevalent diseases and also because it has been wrought through those two great modern agencies—Sanitation and Hygiene—the distinctively modern curative agents are the vaccines and sera.

The most striking example of the latter undoubtedly is the effect of antitoxin on diphtheria. So rapid has been the making of recent medical history that the new becomes old almost as soon as it is born, and it is difficult for us to realize that the use of diphtheria antitoxin began, in this country, only twenty years ago, the year following its introduction in Europe, through the brilliant discoveries and efforts of Von Behring and Roux. While its use here, at first, met with much opposition, it was pretty firmly established by 1900 and between that date and 1913 it has been the chief agent, aided of course, to an extent, by sanitary conditions, in reducing the annual mortality of diphtheria from 43 to 18 in 100,000 population in the registration area of our country, if the same rate holds in the non-registration area; and yet there is still the annual loss of 18,000 lives from a disease which is curable, if recognized sufficiently early and promptly treated by a sufficient dosage of antitoxin.

The few examples so far mentioned in some detail as showing the possibilities of prevention and cure among the so-called preventable diseases and the indisputable proof that many, many more lives may be conserved by a wider and more thorough application of the same sanitary, hygienic and curative methods, leads naturally to some rather startling generalizations.

Prof. Fisher, of Yale, and E. E. Rittenhouse, the insurance expert of New York, two of the most reliable statisticians on human conservation in this country, agree that out of an approximate yearly death roll of 1,500,000 in the United States, from 600,000 to 650,000 are preventable by the application of simple and well known sanitary and other precautions, so that this is our real "race suicide" problem.

If one stops to consider that this means 1,700 unnecessary deaths daily—more than spread gloom and horror over the world by either the Titanic or Lusitania disastershe realizes that conservation of life in this land of the free has only half begun and that the hope of relief must, in the main, come from the splendid medical organizations, such as this and numerous othersthat the campaigns of education in sanitation and hygiene must be accelerated instead of retarded—that we must, in some way, and I wish that time permitted me to discuss some of the ways, prevail on our legislators, Municipal, State and National, to appreciate the importance of this sort of conservation above any other, to realize that human life is the greatest asset, that there is not only a sentimental but a money value on every productive life, and that as Dr. Wiley says, it only requires the census and mathematics to prove the sum total of that value in this country to be upward of 500 billions of dollars.

Then, perhaps, we would see a more general governmental interest in human conservation; then possibly we would no longer have to admit the charge that "there is not a properly financed health board in the United States," nor that other; that this is a "contest between the tax rate and the death rate with the latter winning every

time."

The National Government, however, aids materially in human conservation, more especialy through its very efficient Public Health Service, in matters involving the protection of our country from invasion by foreign communicable diseases, no better example of which can be cited than the recent successful attempt at subjugating the Bubonic plague, imported into New Orleans - the actual plague period of human cases extending only from June 14 to October 4, 1914; number of such cases totaling only 30, with 9 deaths, the work of capturing, examining and exterminating rodents being still continued, together with disinfection of buildings, shipping and railroad cars, rat proofing of buildings, etc.

The efficient conservational work of the United States Public Health Service contrasts favorably with the apparent apathy on the part of Congress in matters pertaining to human conservation in general. As an index of the situation it may be stated that in that last (63rd) Congress, out of a total of 21,616 bills introduced, only 41 (aside from appropriation bills) pertained

to general public health matters and of these 41, but one—the Harrison Anti-Narcotic bill—became a law, a bill which aimed at an excellent type of conservation but fell short by exempting certain dosages of narcotics, giving the impression that certain ulterior interests, like the patent medicine trust, exerted a subterranean influence. To be most effective there should have been no limitation on dosage of narcotics, but an inclusion of any quantity of any narcotic under the same stringent provisions prescribed by the law for larger quantities.

Legislative results in our State seem, on the surface at any rate, to lead those attained by Congress. In the past session a total of 1,245 bills and resolutions of all kinds were introduced and of them 80 related to public health matters. Out of the 80, twenty-nine became laws—nearly, if not quite all of them of a creditable character; several—and two in particular, the State Board of Health and Medical Practice Acts,—from which the cause of conservation has much to hope—passed through the combined efforts of our Legislative Committee and the State Board of Medical Examiners.

The fact that this has been for us a more than usually fruitful legislative year should encourage the State Society to renewed vigor and faith in legislative accomplishments, while the conservation forces of the nation should more strenuously impress on our national legislators the vast importance of life and health conservation. In spite, however, of the general enlightenment on sanitary and hygienic matters at the present time those interested in the type of conservation here discussed must be prepared for opposition and obstruction from Municipal, State and even National Governments.

This more often takes the form of appointments of incompetent health authorities, for political reasons, or the withholding of sufficient funds for the efficient prosecution of sanitary work; but some times it consists in the interference of civic or military authorities, of inferior qualifications with sanitary experts of high degree, as for instance in the case of General Gorgas, who in a recent addres at St. Louis, stated that the failure to completely eliminate malaria from the Canal Zone during his stay on the Isthmus was due to interference with his work by the commission in supreme control subsequent to 1908, and he further said that, in his opinion, if the same head of the commission, meaning Col. Goethals, had been in full authority there from 1904 to 1908 he would have been unable to rid the Zone of yellow fever. These are some of the handicaps under which human conservationists must expect to labor and against which a campaign should be

waged.

One must not overlook the fact that a large group of human ailments exists which properly belong to the preventable class, but yet are not generally so recognized. The term preventable disease is almost universally assumed to mean communicable disease, the mortality and morbidity of which have been shown to have been, in greater or lesser degree, diminished within the past quarter of a century—the period of modern sanitation and public hygienebut the fact is that those diseases which may properly be termed degenerative and which include organic heart disease, so called Bright's disease, apoplexies (the cardio renal-vascular series), cancer, cirrhosis of liver and most of the metabolic errors, such as diabetes, etc., are preventable through individual instead of public hygiene and yet their mortality has been, of late, steadily increasing instead of decreasing, the rate for organic heart diseases having climbed in 13 years from 123 to 147 in the hundred thousand and nephritis (Bright's Disease) from 80 to 102 in the same number of inhabitants.

When I say that this class of disorders are preventable I mean that they are so through a rational mode of living—otherwise personal hygiene together with detection in their incipiency, which involves universal, periodic physical examinations

after a certain age limit.

Degeneration of tissues being in reality an ageing process ought not normally to occur before the sixth decade, while far too often, especially in this country, we find its presence in the fourth and fifth decades of life—otherwise in middle age. It seems, in so far as its prematurity is concerned, to be worthy of designation as an American condition brought about by our intensity of living—excesses of work, usually combined with excesses of indulgence in the things that temporarily allay the tension of over work—tobacco, alcohol and social distraction, if not some, even, of the greater vices.

An interesting observation, in this connection, was recently made by the officials of a large insurance company, who, in commenting on the noticeable reduction, during the past ten years, in the life expectancy of men at forty, charged it largely to the enor-

mous increase in the use of automobiles and the consequent neglect of walking. There is no doubt that proper exercise in middle life, than which there is none better for the average man than walking, is a valuable agent in the prevention of middle age de-

generative tissue changes.

If this reasoning be correct there is as much need of a campaign of public education regarding personal hygiene in order to conserve lives now lost, through premature age conditions in middle life, but which should be preserved until the sixth, seventh or eighth decades, as much need I say, as there has been, and is, for inculcating public sanitation and hygiene in order to conserve the lives of the younger generation against the commonly regarded preventable or communicable diseases.

It should be recognized that the saving of a life in the fourth or fifth decade from heart disease, apoplexy, or Bright's disease by teaching right methods of individual living, is as important, as the saving of an infant or child from intestinal disorders or tuberculosis by providing for pure milk or proper general sanitation.

The question of promoting conservation of life in the middle aged by detecting the incipiency of degenerative changes through frequent medical examination is one which the medical man approaches with some hesitancy lest his advocacy of it be charged to a mercenary motive, but surely whatever he might temporarily gain in a financial way he would lose later by the lessened amount of prolonged illness that would come to him. If it is good business for a merchant to take an account of his stock in trade at more or less regular periods, how much more important is it for the individual to know, at frequent intervals, where he is at physically, particularly in those years when degeneration and failures of metabolism are likely to set in. Surely there is no field in human experience where the old adage "A stitch in time saves nine" is more applicable.

It has been my intent to show, as far as time would permit, the value of life and health conservation; something of what has been accomplished therein; the importance of continued efforts along the old lines as well as some that are comparatively new and also that to the medical profession is largely due the credit for what has been accomplished, in spite of the fact that every step taken in preventive medicine by medical men has been an unselfish attack upon their own means of livelihood—and often at

the risk of their lives—a circumstance which makes them unique among all classes and vocations in the world.

If my purpose has been measurably accomplished it seems allowable, in conclusion, to allude to another form of conservation which has received but slight or no attention even from the various medical organizations—county, state and national—from which one might naturally expect that it would properly receive some consideration—I refer to the legitimate conservation of the material welfare of the individual members of these organizations, an objective which, you must remember, is impressed on this very society by its constitution.

That there is need for some organized effort in behalf of medical economics seems self evident from the fact that, as nearly as can be estimated, the average annual income of physicians in this country is not more than \$800.00—but little, if any more than that of unskilled day-laborers, and materially less than that of skilled mechanics—while the length of preparation with its attendant expense, together with the inevitable responsibilities incurred, entitle physicians to at least several times the aver-

age income mentioned. We surely cannot expect the public to initiate a movement in behalf of medical economics. It must originate, if at all, in our own organizations. Our State is a fair example of what is and is not done along this line. A few of the county societies make a feeble effort to better material conditions among their members; physicians in a few localities have been doing the same independently of the county societies; the State Society has developed a commendable economic feature in the medical defense of members unjustly charged with malpractice; but that is all. An independent organization provides a small fund for the relief of widows and orphans; and that is all. What is true of New Jersey is practically true of all the states.

New York State is the headquarters of an American Society of Medical Economics which has, at last accounts, less than 150 members, and has done little more than to adopt a constitution and by-laws. In Greater New York several local Economic Leagues have been recently organized which have devoted their efforts mainly to securing for their members reduced rates at certain stores. In other words, there has been no concerted, intelligent action through the existing organizations, or for that mat-

ter new ones, to enable the practitioner of medicine and surgery to obtain a larger percentage of the legitimate material compensations for his work, by such means as abatement of the prevalent abuse of Medical Charity, the suppression of counter prescribing by a considerable number of unethical pharmacists, the elimination of charlatans and illegal practitioners of all kinds, not to speak of the patent medicine evil, together with the contract practitioners and absurd fee-cutters, as well as fee-splitters, in our own ranks.

We are all cognizant of the conditions enumerated, along with others, and I take it that no argument is needed to prove the great pecuniary benefits which would accrue to the profession from their correction; how then can one account for the lack of any organized effort to accomplish something tangible in the field of medical economics?

Several reasons present themselves in answer to the question. First; hesitancy in attacking so vast a problem by a class of men whose life work has not fitted them for the solution of business problems. Next; the fact that a large number of the profession are still outside the organizations and the lack of cohesiveness within such organizations; and finally the fear of being misunderstood and being regarded as mercenary instead of altruistic and philanthropic.

By way of comment on these conditions one might suggest that in view of their admitted inability to properly handle business affairs, physicians should entrust the upbuilding of medical economics, in part at least, to a competent business management, under suitable compensation. Next; it is important to materially increase the organization membership and to encourage a greater cohesiveness therein. Finally we should abandon any sort of pose as altruists or philanthropists when those terms come to mean submission to imposition on the members of a noble profession.

I would not advocate abatement of any fraction of the humanitarianism that we now practice toward the really needy and deserving; but I believe that we should all resent being considered "easy marks" by the State, Municipality and the ever ready "dead-beat," and that we should have some sort of effective organization, either within or without existing organizations, whose business it will be to secure our economic rights, without encroaching on the true

philanthropy which has been and always will be an insignia of our profession.

I do not underestimate the difficulties in the way of carrying such a plan to fruition. On the occasions when I have discussed this matter, as in my opinion one of the proper functions of medical organization, when meeting with the various component societies throughout the State, I have not anticipated immediate results, but only the awakening of thought upon a neglected subject. If attempted in a cursory way it will fail. Possible success can only come at the end of several years at best. It can never mean much to the older members of the profession, but may be of material value to thousands who succeed us.

If the majority of the house of delegates shall deem this an idea worthy of propagation, I would suggest that they authorize the appointment of a suitable committee, at this meeting, to report next year, upon the feasibility of a movement for medical economics and if possible a tentative plan of action. If the economic idea does not meet with your approval I shall submit with good grace and good feeling to the opinion

of the majority.

ORATION IN SURGERY.

Delivered at the 149th Annual Meeting of the Medical Society of New Jersey, Spring Lake, June 23, 1915.

WHAT SURGERY IS AND SHOULD BE.

By Gordon K. Dickinson, M. D., Jersey City, N. J.

If one will but look steadily into the face of a lifelong friend, into the features and the wrinkles, and study carefully the expression, it will soon be seen that the whole countenance changes and does not seem to be that of the person known so long. The same way it is with the study of surgery. A careful looking into its history, its evolution and development under conditions associated, carefully noting the education of the times, as well as the ignorance of much that now is common-place, will give us a different view and our interest may be greatly increased as we look prophetically into the future.

We will find, not only that the science, but the practice of surgery is a process and not a condition, being the end result of observation, theory and action, and is medicine's greatest accomplishment.

In all trades and occupations, in fact, in all mental activities, action goes with thought. As the laborer with characteristic noise drives the hammer, as the athlete contorts his face in excessive activity, so deep thought brings out bodily action and gesture, the innate tendency of all mental activity being some activity of the body.

The physician sits in his chair, reads, rubs his forehead, thinks, philosophizes, but, going no further, is not fully satisfied. The surgeon, through his operative work and manipulations by the hand, grants to the strained mind that activation so physiological that leads to a contentment of mind and a satisfaction which appeals far more strongly than the inactivities of the internist, and to a hypnotism which is especially alluring to the young man in mediicne. So, in proportion to its varieties and the difficulties surrounding surgical work, do we find its attractiveness, particularly when success follows that which is delicate and dangerous.

Being founded on individual observation, never entirely accurate, always more or less biased by the mind or previous experience, the mental attitude affected in a large degree by psychology, or through lack of proof either biopsy or autopsy as to correctness, medicine leads to a species of confidence or faith, which, coupled with therapy (itself often visionary), have developed a type of religion where through faith and over-weening confidence we are inclined to worship the idols we have made.

Surgery through frequent observation of actual conditions, through frequent demonstration of true success and of error, is daily being judged, criticized, and made over, with the result that it is material and tends to accuracy. Our idols are soon broken. We have no selfmade deity to worship that is lasting, the result, an all-appealing stimulation of our highest intelligence.

Surgery is a true amalgamation of observation, dealing with things that are external—the eye, the truth-finder of the body, sees and perceives, and more accurately informs as to conditions existing, off-setting the innate philosophical tendencies with a keen accuracy. But the surgeon must be a philosopher, he must be a broad, deep thinker, and he must be a dreamer, for he who dreams not, fails to progress. Being surrounded by a fog, to be progressive, speculations must be encouraged.

The surgeon must be a technician. There

needs be a proper co-ordination between the thoughts of the mind and their expression through manual activity. Incoordination of mind and body leads to error. One whose thoughts are not properly expressed in motion or in speech fails

to develop into a true surgeon.

The true surgeon is a man of mind; a man of knowledge, broadly acquired from book and from the body; a man of thought who studies and who teaches; and, lastly, a man of technical ability. He who fails to possess these qualities in proper proportion, if poor philosophically, may develop into a dreamer and become speculative and 'ineffective. If he be impressed overmuch by conditions as seen and by first impressions, he will become a needless operator, one who does not work for the relief of symptoms, one who does not thoroughly consider that which is best for the patient, but hastily attacks that which soonest appeals to his senses.

If technic be his weakpoint, it becomes the path of least resistance, then develops an elaborate ceremonial which does little to guard the patient, which spreads error, develops ignorance and warps all surgery away from the essentials leading to success. How often do we see surgeons elaborately gowned, with covered and draped patients, splash their hands but a few moments in bichloride, forgetting that it requires at least thirty minutes to kill the last germ, then go on with their operation, satisfied with the ritual, without knowledge or thought as to the essentials. We call

them carpenters.

In the study of professional activities, particularly to our art of surgery, it may be wise and useful to look at it from another viewpoint in order to grasp its development and comprehend the foundations on which we stand, thereby, perhaps, to erect a more abiding structure.

In childhood our forebrains not being developed, we are entertained and educated by fairy tales that deal in the mysteries. We lean to that which pleases our imagination. In youth we become more susceptible to another mystery, that of religion, a state which is intermediate between the tales of childhood and the philosophies of later life. It is essentially the mental food of youth. In adult life we become speculative, philosophical. We antagonize and we argue. We go over that which we see and which we learn and judge of it. But, as age comes on, we become material, matter-of-fact, inclined to

believe and accept that only which admits of direct proof, yet even then there is in us that which allows of influence by the which we see and which we learn and judge of it. But, as age comes on, we become material, matter-of-fact, inclined to believe and except that only which admits of direct proof, yet even then there is in us that which allows of influence by the fable. We still have our religious tendencies, we are still inclined to speculation, and the many qualities of advanced life have truth added to those of early life, for man's mind contains an impress of all past thought.

So it is with the history of medicine, because medicine is but the professional mind reiterated. In the early ages we had the mysterious, the symbols, the superstitions, the ignorance and the bigotry. After some generations religions grew and became affiliated and, as the priest was the only educated man, he was compelled to take up the study of medicine and practice it. Medicine and religion became one, religion leaving an impress upon medicine which it has never thrown off and never

cared to.

Still further along man became philosophical, speculative, and developed what seemed to us the wildest theories. The whole civilized world bent itself toward the warfare of philosophy mixed with religious thought and belief, clergy and other wise men being the most active.

Medicine during all this time took the background. There was little or no progress. The thoughts of men were so taken up with that which appealed to them more vividly and most deductive. Then came light, and observation brought scientific knowledge. Chemistry appeared; physics also; astronomy and the other arts and sciences which not only develop the brain but aid materially in the growth and strength of medical knowledge and its application.

Hence we see that the history of man individually and the history of man as a race largely correlate. So natural and so true is this that the successful practitioner, whether he be given to medical therapy or operative medicine, must ever bear in mind the true psychological and physiological fact that if he would practise aright, if he would have the public comprehend, if he would tend in his life work to prevent the institution of new thoughts, new pathies, new methods, all irregular, that the patient demands an appeal to the mysterious, de-

mands the consolation of religion, and demands even more a satisfaction to his intelligence. To gratify the desire for the occult, which may be resented by some, but yet exists, a quiet, dignified, reserved, thoughtful mannerism is often sufficient—to appeal to the religious emotion, which is almost always in the ascendant in the sick because of their fears of what may be, a knowledge of ideals, careful sobriety of thought, with an optimistic expression as to outcome and of preachment as to faith in self and in one's intent.

Surgery and medicine as we have them to-day, and as we are led to view them by our literature, seem separated. They seem to be two distinct branches. Nothing could be more fallacious, nothing more injurious to the young medical man than this preachment, and we can see much harm done as we hear young men start out with the annoucement, "I am going to be a surgeon." It is entirely irrational to separate medicine from surgery. They are fundamentally one, and we pray the time may come when instead of talking of them as distinct, they may be looked upon as an end result, and the first thought will be symptoms and causes and, from that, diagnosis.

That surgeon has no right to exist who does not consider symptoms and distresses, who has not the ability, and who will not give the time to study them physiologically, both natural and morbid. He is no surgeon who operates for a lesion and does not operate for relief. Both medicine and surgery are founded on the essentials. They must be studied. They must be comprehended. Methods of diagnosis are the same. How often we find a "medical" case on the "surgical" side, and a "surgical" case on the "medical" side? is because they overlap. There are some conditions which in a majority of instances are best relieved by medicine, but may in the end be given to the operator. There are others which are more often relieved by "surgery," but occasionally need the "medical" man as their best friend.

It is because of the fact that a surgical man generally operates on all that comes to him which has led the public to fear the surgeon. It is equally the fact that the medical man is so inclined to deify his medicine and to implicitly trust his diagnosis that many cases fail to be operated upon that should be.

Hardly an operation is attempted but somewhere in the body there is a medical condition which can best be relieved by the treatment of an internist. Equally rare is it to have an operation which is not followed by some condition or sequence requiring the same. If the surgeon is not as well informed in conditions, non-surgical as he is in the technic of surgery, then his patient will suffer. His results will not be the best, and his reputation at some time will be at stake. The best surgeons and the best hospitals have team work. With the surgeon goes the internist, and with both of them the pathologist, all working together.

The development of medicine through the past ages is delightfully interesting and instructive. Boerhaave was quite right when he suggested that all medical students should be made to study the history of medicine. It is wonderful how it brightens, how it delights and develops a feeling of charity and kindliness, how it takes the conceit from us to see the chains of the past still hampering our feet! We look with a certain contempt on the ancients, feeling that we are living in the true light, not appreciating that it is almost a certainty that a few hundred years hence we will be looked upon as self-centered and clothing ourselves in our ignorance. The past has shown us many big men—many minds quite as intellectual, quite as strong and ideal as any of this day. Father Time has thrown his poppies over the past so that perhaps many a wonderful intellect, many a man of brilliancy, many a man who succeeded far beyond the ordinary possibility of the time have been forgotten.

We doubt very much if there ever was a brighter light than Hippocrates—a wonder for observation, a wonder for accuracy of expression and truthful thinking. And, oh! how much, how very much our profession needs to comprehend the meaning of that word truth! We also have Galen with his wonderful library of books and his mind thrown into them. Massage and acupuncture were developed 800 B. C. Fabiola organized the first hospital in 400 A. D., but from then up to the time of the Dark Ages there was just here and there a star.

In the Dark Ages, 800-1200 A. D., we are inclined to look upon conditions as retrogressive, but it is in the night we dream, it is in the night we make our best speeches. that we have our most polished thought. So it was in Europe that during this time were gradually developing conditions of mind and society and social relations which allowed of the rapid sequence of the Ren-

aissance, the Reformation, and the French Revolution.

By means of the Renaissance, which began in Italy and spread over the world, man's mind was liberated. He soon learned to think for himself, to study for himself, and to become mentally independent. Through the Reformation he was liberated from the thralls of the priesthood. He could feel his soul within him expand and yearn, and found a satisfaction which seemed not to come to him before. In the French Revolution he obtained liberty of body. So with the three we have a repetition which satisfies the three natures mentioned before—the mysterious, religious and mentally independent.

Now things began to grow. Alchemy was gradually changed into chemistry. Physics was given birth. Astronomy ceased to be astrology. Man began to ask the question, "why," and "how," and "let me see." There was less and less of intervention. He looked and he saw. Great minds developed and became numerous. As we look back we say "such and such was discovered," that Pare discovered the ligature, that Janssen invented the compound microscope, that Denys introduced transfusion, that Leeuwenhock saw the bacteria, but these were simply observations. They had not been oriented. They were not woven.

There is a very lucid demonstration of the condition of the times in the fact that 100 B. C. a kind of Greece, a man who spoke twenty-two languages, who was conversant with the knowledge of that day, became very much interested in medical matters and, looking into diseases and the effect of poisons, (and they had poisoners and snakes), considered them all as one body disease, so he invented a preparation called Mithridatium, claiming it would cure all bodily disorders, antidote poisons and subvert the effect of snake-bites. This so appealed to the public mind, so satisfied the arguments of those philosophically inclined that it continued to exist, being "improved," of course, as ages went by, by the addition of other remedies, so that Mithriadatium consisting primarily of half a dozen ingredients ended up with a composition of about one hundred and fifty. It was actually the beginning of the nineteenth century before knowledge was sufficient for scientific attack to undermine the hold that this cordial had on the community. It was Heberden, the discoverer of the nodes, who was the David who slew this Goliath. For

nineteen hundred years the profession and the people belived in what we might call a "doctor's stone" or cure-all.

So, if there have been in the past brilliant stars and bright lights, the intervening space of darkness more than preponderated, otherwise such therapy as we read of could never have existed and been maintained. In fact, to-day our proprietaries and patent medicines are but another example of the strong hold that mystery and formality have on the people and on some of our profession.

Surgery began in the individual. Our first practice was written by Roger of Parem at the end of the twelfth century. The number of operations were few, done mostly by the barbers. Ambrose Pare was but a barber. The surgeons and the barbers united as one body in 1540, again to separate at the end of the eighteenth cen-

tury.

But until the beginning of the nineteenth century we had facts and individual observations, but no principles, though things were beginning to focus. Before the time of Lister our works on surgery gave much attention to a few simple matters. There were not more than a score of operations, of these each was dignified by great elaboration. Operations were rarely attempted except in extremis. The death rate was tremendous. Post-operative infections and inflammations abounded, and the accumulation of pus was spoken of as laudable. Our hospitals were barracks and lodging houses, over the portals of which we could truthfully inscribe, "Abandon hope, all ye who enter here."

Then came Lister and the discovery of anesthesia. How providential it is that these two discoveries came so close together, otherwise surgery would not have come to its own so speedily. Of all the discoveries of the past and of the present the problem that Lister worked out has done very much more than all the rest. The death-rate has dropped from sixty to seventy per cent. to practically nil.

Animal experimentation should be given every credit. By means of it the fundamentals on which surgery is founded have been thoroughly and carefully worked out. By means of it physiology has been put upon a broad and firm foundation. Pharmacology has been systematized and practically rebuilt. Pathology has been turned from an end condition into a process and that process studied, and problems have become known to us, so that now we are able

to accomplish a diagnosis instead of work-

ing on opinion.

To animal experimentation and to Lister we owe the foundation of the new surgery. The sun has risen and the darkness has been dispelled. How well we recollect the intense antagonism Lister experienced when his announcement was made. How bitterly it was opposed and attacked as unscientific! How his own countrymen added insult and made his hospital work almost untenable! It is the same old story. We look for the Messiah and when the Messiah comes, we stone Him!

From the antiseptic technic of Lister we soon passed over to the aseptic and then to the present day methods of sterilization. So instead of treating the wound, we treat the conditions surrounding and preceding the operation. Operative surgery, thereby, has become simplified. Any novice may prepare himself and his patient as well as an expert. And so perfect is the result that the tyro feels confident, and, with the tendencies of the mind to express itself in action, coupled with the dreams of youth we hear the young man say "I am going to be a surgeon," failing to comprehend its great dangers, and not having it instilled in him that surgery is not operating, that the distinction between a surgeon and an operator is the same as between the sculptor and the marble-cutter in the graveyard.

Grave dangers are existing. Surgery as a last resort is giving place to operations at first sight. The tendency is to look at the lesion and the patient through the lesion, not taking a proper account of physiological conditions co-existing, of functional disturbances and the effects they may have upon the work to be done. Rather look at the lesion through the patient, study him carefully, and through amanesis and physical examination know the man be-

fore the disorder is investigated.

Another danger to the patient and to the profession is the conducting of preliminary observations leading up to diagnosis, as well as the operation itself, outside of a properly appointed hospital. The patient should be surrounded by every convenience and by every safeguard. Every convenience for the attendants to diagnose the body as a whole, and every safeguard to meet the calamities not uncommon after the work is over.

Incomplete sanatoria and operations at homes are to be discouraged.

Commercializing surgery is its cancer—sordid human nature, the tradesmen in our

profession who sell their patients to the ones who will operate for them, and who demand a bonus, who expect a splitting of fees, but, more insidious yet, who work upon the weak mind of the surgeon that they may be "assistants" and under that cover obtain gratuity! This disease is difficult to eradicate, and yet is demanding immediate action.

What may be the cure? What may be the influences to be employed for the purification and the legitimate growth of our profession? We have often thought that the young man was not properly educated. It was but in the 70's that one could obtain a diploma in twelve months by going to a winter and summer school. The medical profession was a scrap heap for the sons of men who had failed to be successful in business or other professional callings. The worst lot of idlers and incompetents were taken into the profession to become surgeons. The colleges soon felt the influence of opinion and lengthened their course. In addition they demanded a preliminary education, so that now this ideal may be satisfactory. But the preliminary education is not that which tends to bend the young man at the pliable age towards medical thought. Would it not be better for the future practitioner to be taken from the high school and that the medical college take upon itself the teaching of the philosophies, of logic, of oratory, of the sciences, chemical, physical, etc., which the medical mind and the successful medical man must have woven into his system? Let the medical college take the young man at the plastic stage rather than when he has been half formed, then try to warp him over. Have we the right to complain of imperfect work in medicine if we take into it imperfectly educated minds, and then do not allow them to breathe the atmosphere so essential to idealization?

Another influence which is being steadily brought to bear upon us is the press. Our newspapers are becoming more and more educational. From our journals and from our society meetings, as well as from members of the profession, they are picking up much advanced thought, and the keen editor with a good perspective and broad horizon can often tell the public and through the public the profession that which they had but half realized.

He who practises surgery tends to specialize. He becomes narrow, and narrow minds discover little. Another leavening influence is found in our societies. How

the attitude of the profession has changed to each other! It is due to the club life, the society life. We are brought together. The man on top and the man to be on top in professional life is always found at society meetings. The true surgeon is one who gives as well as one who takes. He reads and he writes. He is a teacher as well as a listener. Our societies bring him out. Particularly valuable is associating with our national society members. What can be more stimulating, what can prod a man more to vigorous study and truthful conscientious work than the acquaintanceship of big men?

But there is another influence and a very important one, and one which may be productive of great harm at times, but will eventuate in marked benefit, and that is the legislature. The New Jersey State legislature at its last session passed an act which prevented any young man from being licensed in medicine in this State who had not served a year in a standardized hospital. This means that the hospitals, which have sprung up like mushrooms where they will and are a law unto themselves, without any knowledge of what a hospital should be and could be, with imperfect financing, incomplete equipment, and too often regulated by the superintendent rather than by the profession, must all be brought to a standard. Perhaps the time is not far off when at our State capitals we will find not only boards of health to study into and to regulate the health of the community in sanitary matters, but a board of hospital control, which will adjudicate as to the sanitary conduct and professional care of patients in hospitals and sanatoria, and prevent the development of those that foster irregularities.

Peering over these monmentous changes, in method, in knowledge, and in civic attitude, what is the future of surgery? Let us hope that with better brains to start with, a broader education, and a generous experience under tutors in standardized hospitals, true surgeons may soon be the rule, and then may we join in a guild to help maintain the excellence.

280 Montgomery St., Jersey City.

Cancer is usually preventable by proper treatment of the precancerous trouble.

It is generally curable when discovered early and operated on at once. Any intelligent physicians can explain to you the early symptoms and teach you to safeguard yourself.

The operation, no matter how desperate, is never as desperate as the cancer.

THE DIAGNOSIS AND TREATMENT OF CARCINOMA OF THE STOMACH.*

By George Woolsey, M. D., New York.

On looking over the records of the carcinoma of the stomach of one of the Medical Divisions of Bellevue Hospital, I found a large number that were not referred to the Surgical Division, in spite of the fact that it is well known that the condition is incurable by medical treatment. But on looking further into these records I found that many died in a short time, and many others were in an advanced stage and went home after remaining a few days. Thus the responsibility for not making an early diagnosis, and not calling in surgical aid, when such aid promises the only good results, is transferred in large part from the hospital physicians to those outside, if indeed these were consulted at all in many The responsibility for fatal delay among hospital ward patients rests largely upon the patients themselves, or perhaps more properly upon the nature of the disease itself.

Making due allowance then for these difficulties, it holds true that physicians, and we must add surgeons as well, are not sufficiently alive to the importance of the situation and their duties in reference to it, especially as to the necessity of a careful examination of chronic dyspeptics. This holds especially in regard to private practice, where the patients are seen earlier and should receive the benefit of the various chemical tests and the X-ray examination, which offers the chance of an earlier diagnosis.

The great desideratum then in gastric carcinoma is an early diagnosis. For the surgical treatment of an early case is very satisfactory in its low mortality and its results, and even in the advanced cases that we get, the operation is surprisingly well borne. The importance of the subject is still further emphasized by the fact that gastric cancer is the commonest form of cancer, embracing about 30% of all forms of carcinoma.

. In the last few years I have operated on 35 cases, of which I have notes. Unfortunately most all of them were of an advanced type so that I was only able to do partial gastrectomy on 13. Gastrojejunostomy was

^{*}Read before the Bergen County Medical Society, February 9, 1914.

done on 10, jejunostomy 1, gastrostomy on 5 and exploration on 6. An early diagnosis is then the most important problem that confronts the internist and surgeon alike.

At the outset we must admit that there are no signs or group of symptoms that are pathognomonic of the disease. As W. J. Mayo has well expressed it "The early diagnosis does not depend on any sign or symptom due to the cancer itself, but on the mechanical conditions produced by the growth."

The common symptoms are pain, nausea, vomiting, anorexia, loss of flesh and strength, and anaemia. The signs, or objective symptoms, are a tumor or mass, or the sense of resistance, and tenderness in the epigastrium. In late cases there may be the signs of a large hard nodular liver, abdominal fluid, enlarged supraclavicular nodes, etc. One or more of the symptoms or signs may be absent or unusually prominent. As to the symptoms all that are present in the early stages may occur in other conditions, such as gastric or duodenal ulcer or syphilis, gall stones, chronic appendicitis, anaemia, tuberculosis, chronic nephritis, etc.

In general we may distinguish two groups of cases of gastric cancer, symptomatically: I—Those that appear to be cancer from the outset; 2—Those that give a more or less long preceding gastric history resembling (a) the typical history of ulcer, or (b) an irregular ulcer history. Roughly speaking, 18 cases gave a history of primary cancer and II (37.9%) of a preceding gastric disturbance resembling ulcer, among those cases not at the cardiac end of the stomach.

Individual Symptoms.—The pain is very variable. Four out of 23 cases in which either gastrectomy or gastroenterostomy was done, had no pain and three had slight pain or merely a feeling of distress. The pain is usually increased by food and relieved in whole or in part by vomiting. In general those patients with a previous ulcer history had more pain, at a longer interval after eating and often relieved by food, until the ulcer became cancerous, when food commonly increased the pain. sense of fullness or distress after eating is often complained of, due to gas in the stomach. . Vomiting is a pretty constant symptom at some time in the course of the disease, sometimes not until well advanced, occasionally it ceases toward the end. Of the 29 cases not at the cardia, 3 had no vomiting, I vomited once and another only once or twice. Four noticed blood in the vomitus, and in four the vomitus was black or coffee ground. One of those who vomited blood fainted from the loss of blood. This was a case where cancer developed in the loss of blood.

in a chronic ulcer in a syphilitic.

Although anorexia is quite characteristic of cancer as distinguished from ulcer, 3 of the above mentioned 29 cases retained their Continued loss of flesh and appetite. strength is a very suspicious symptom in chronic indigestion. While it may occur to a moderate degree in ulcer, during an exacerbation, it is rather the exception, but when cancer is present it is the rule. Only 2 of the above 29 stated that they had not lost weight or strength. Among the above 29 cases, 12 stated the weight lost, which varied from 15 to 60 pounds, and averaged 40 pounds. Thirteen others lost weight, 6 of which were said to have lost much weight. All those (3) in whom the appetite was retained lost much weight, and the same holds good in all those with no vomiting (3 cases), or only slight vomiting (2 cases). The loss of weight seems to be independent of the appetite or the amount of vomiting.

Anaemia is a very constant symptom, though in one case the hemoglobin was normal. In 16 cases, in which the hemoglobin was recorded, the average was 54.5 per cent. The color of these patients often has a saffron hue, not the simple pallor of anaemia; but this is especially so in the advanced cases, that we mostly see.

From the symptoms alone, with a casual inspection of these patients, we can and should strongly suspect carcinoma when, with a history of persistent indigestion, there is added progressive loss of appetite, flesh and strength, with anaemia, in patients over 40 years of age. Only 14 of my patients were under 40, the youngest 32, the oldest 72, and the average 53. In the youngest, carcinoma developed in a chronic ulcer in a patient with chronic syphilis.

As to the signs, a mass is palpable in the majority of cases as they are seen by the surgeon. Out of 29 cases, excluding those at the cardia, a mass was palpable in 19 (65.5%), and an indefinite sense of a mass in 5 (17.2%) cases. That a mass does not contra-indicate resection, as Mayo has shown in his statistics, is indicated by the fact that one was palpable in 8 cases and an indefinite mass in 2 cases out of 13 in which this operation was done. At the same time it is most desirable, for the sake

of the prognosis, to diagnose the case before a mass is palpable. The above figures show how rarely this is done in my cases. In 95 per cent. of cases a papable mass in the stomach is carcinoma, in 5 per cent. indurated ulcer. The group of symptoms enumerated just above, with the presence of a palpable mass makes the diagnosis almost certain, but it is far from being an early diagnosis, which is the great desideratum. Although, as stated above, we may be able to make the diagnosis of a group of cases, only a few of those so diagnosed are really suitable for operation, and many cannot be so certainly diagnosed.

So we resort to a large number of laboratory tests to help solve the problem of early diagnosis. These tests relate to the motility, the chemistry, the bacteriology, and the function of the stomach, in addition to the X-ray. The tests per se do not make the diagnosis, but are useful in con-

nection with the clinical history.

Delayed gastric emptying power, as determined by the presence of raisins, etc., in the lavage water, 12 hours after their ingestion, can be readily tested by any one. It will give positive results in over half of the cases. Most of the other tests require expert laboratory methods. Absence or diminution of free HCl is the rule, but there are many exceptions, especially in the group developing on chronic ulcer. The absence of free HCl is not an early sign, and occurs in several general disorders. Among the 23 cases in which resection or gastroenterostomy was done, the gastric analysis is recorded in only 13, though made in others. In 10 of these there was no free HCl, and in 2 it was low. Excess of lactic acid was present in 11 cases and is only found in the absence or low percentage of free HCl. Oppler-Boas bacilli were only recorded in 8 cases. According to Smithies2 these were demonstrated by the differential agar stain method in 93.8 per cent. of cases of gastric cancer. Occult blood, according to the same writer, is found in approximately 75 per cent. of the cases.

In those cases with free HCl, Kocher recommends a functional test (Gluzinski's) which compares the percentage of free Hcl three-quarters of an hour after a test breakfast and three and three-quarters hours after a beef steak meal. In ulcer the free HCl, is higher after the second meal than after the first, in cancer the reverse is the case owing to secretory insufficiency, due to the atrophic catarrh accompanying cancer. Nicolaysen, of Christiania, in a

paper read before the Am. Surg. Ass'n. in April, 1914³, considers it the best test of the secretory function of the stomach, but finds that the same reaction also occurs in other abnormal conditions of the gastro-intestinal tract, such as gastro-enteroptosis with chronic obstruction. The glycyltryptophan test, that I thought a few years ago was very promising, has disappointed expectations as it is not infrequently negative in cancer cases and positive in other cases. Smithies² found it positive in 40 per cent. of 141 cases in the Mayo Clinic.

Other tests, with which I have had no experience, have shown a varying percentage of positive results, according to the last named writer. Thus the hemolytic reaction was positive in 47.2 per cent. in 31 cases, and the formaldehyde titration index (ereptic ferment) was uniformly higher in gastric cancer (57 cases) than in other gastric ailments. In the presence of achylia or a hydrochloride acid content below 20, Smithies found a high percentage of soluble albumin in the aspirated test meal in 78.4 per cent. of 215 cases of gastric cancer. It may occur in a much smaller percentage of cases in simple or benign forms of achylia or achlorhydria or in extra-gastric cancer.

None of these tests give uniformly positive results. All may give positive results in a smaller percentage of non-cancerous cases and most of them require a delicate technic. Many of them are helpful or confirmatory in connection with clinical symptoms and phsical signs, especially in the diagnosis of a malignant from a benign gastric condition. No one or all together are sufficient to establish the diagnosis alone.

The X-ray, with the bismuth meal, has become our best ally in confirming or disproving a suspicion of gastric cancer, based on the clinical findings. Carman⁵, in the Mayo Clinic, claims that the X-ray shows diagnostic signs in 93 per cent. of the cases of gastric cancer examined. Cole made 89 per cent. of successful diagnosis in 22 cases of gastric ailments by means of serial roentgenography. The average X-ray plates will not give nearly as good results in the diagnosis of gastric cancer. The objections to the best methods of roentgenography for the diagnosis of gastric lesions are the time and expense involved. radiologic signs of gastric cancer in the order of their relative value are: 1. Filling defects; 2. Altered pyloric function—(a) obstruction of the pylorus, (b) gaping of

the pylorus, with advanced position of the 6 hour meal; 3. absence of peristalsis; 4. loss of gastric flexibility; 5. diminished size of the stomach.

"The diagnosis of cancer of the stomach," says W. J. Mayo1, "cannot often be made early enough to obtain a radical cure by operation, but a diagnosis of some condition of a surgical nature, probably cancer, can be made in time to permit operative interference (resection) in more than one-third of all cases." The general diagnosis of a surgical gastric condition is far easier than the specific one of cancer of the stomach. The physician should delay as little as possible in convincing himself that medical treatment is ineffective in a given case. Exploration is the final test, and the difficult task of the diagnostician is to decide which of these patients shall submit to it. Exploration must be done early to give the patient a fair chance. To be sure we can not always distinguish between cancer and indurated ulcer even on exploration. I have had the not uncommon experience of doing gastro-enterostomy for what I thought to be a cancer of the pylorus, giving a bad prognosis and seeing the patient two and half years later in perfect health.

In any event the present surgical procedure in both doubtful indurated ulcer and cancer of the pyloric end (comprising 75% of gastric cancers), is the same, i. e., resection. This is due in part to the danger of carcinoma being engrafted on a chronic ulcer, whether we believe with the Mayo Clinic that it occurs in about 60 per cent. of cases, or, with continental authorities, that it occurs far less frequently. Hence, given a patient over 40 years old, with persistent dyspepsia not relieved after a few weeks of medical treatment, accompanied by loss of flesh, strength and color, exploration is to be very seriously considered. This is more imperative if one or more of the various tests or signs are present. In the interest of the patient we must avoid delaying exploration until we are sure of the diagnosis. The X-ray should be employed as a routine in all these cases. It may increase our suspicions or even turn them into certainty. Like all other tests the earlier the case the less certain is the result of the X-ray, and the more skill is required in its use and its interpretation.

The fact must not be lost sight of that what is to be sought for by every means in our power is an early diagnosis. Hence the necessity for an early exploration,

which is a relatively safe operation. The risk of delay is greater than the risk of exploration. Indiscriminate exploration in advanced cases, especially if no obstruction of the pylorus is present that may be relieved by a palliative operation, is to be condemned. These explorations give a considerable mortality, do no good and discredit gastric operations in general. Of course, it is inevitable that not a few cases are explored that prove worse than they appear to be and are unsuitable for operation. It is only right to give these patients the benefit of the doubt if they are fit to undergo exploration. In point of fact practically every operation on the stomach is to a greater or less extent exploratory at the outset, until the exact condition is exposed and explored.

Treatment—There is is no curative medical treatment. Resection offers the only cure. Mayo's statistics' show that out of 1,000 cases of gastric cancer, operated on prior to 1913, 378, or nearly 38 per cent. were resected, and he states' that "at least half the cases of cancer of the pyloric end of the stomach may be recognized by our present means of diagnosis early enough to allow the radical operation." These figures are more favorable and encouraging than those of most other clinics.

The ideal and only curative operation in gastric cancer is resection or partial gastrectomy, which is applicable to cancers at the pyloric end, (75% of cases) that are diagnosed early enough.

After opening the abdomen we first determine whether there is any contra-indication to operation on account of metastases in the liver, peritoneum (especially in the pelvis), pancreas or intestines. Mayo Clinic the percentage of metastases was 18 per cent. Secondly, if there are no visible metastases, can the growth be removed? This depends upon the extent of stomach involved, but more especially upon the adhesions or superficial extensions to neighboring organs. Formerly, owing partly to Mikulicz's statement before the Congress of Am. Phys. and Surgs. in 19037, that adhesions and superficial extensions to the pancreas increased the mortality to 70 per cent., this was considered almost a contra-indication to operation. More recently the Mayo Clinic has shown that it does not increase the mortality very greatly (not over I per cent.), and we now resect many of these cases. Some years ago I did gastro-enterostomy on several cases that I would now resect.

Adhesions to the transverse mesocolon must be carefully handled to avoid interfering with the blood supply of the transverse colon. I have peeled off the stomach from the mesocolon successfully in such a condition. In general, adhesions suggest the probability of extension in continuity of the growth, and must be dealt with accordingly. If enlarged lymph nodes are found that can not all be removed, I believe in resection because it is proved; (1) that not all such enlarged nodes are carcinomatous and (2) that resection gives a longer and more complete relief than gastro-enterostomy, where a complete removal of car-

cinomatous glands is impossible. In two of my cases of resection the enlarged lymph nodes removed proved to be simple hyperplasia on microscopic examination. In spite of the lowered percentage of hemoglobin in most of these cases, resection is surprisingly well borne, for there is very little loss of blood in the operation by the present technic. I have only lost one case among the 13 (7.7%). This was due to pneumonia in a patient otherwise doing well, though the hemoglobin was only 30 per cent. In such anaemic cases we must seriously consider the question of a two stage operation. We may limit the first stage to the gastro-enterostomy or better still, if possible, add to this a unilateral exclusion, dividing the stomach as we would in the complete operation. The first operation enables the patient to gain in nutrition and strength, divides the trauma and so increases the margin of safety. This is particularly applicable to the very poorly nourished and anaemic patients, that are poor surgical risks.

Another means at our disposal in such cases is the direct transfusion of blood. In one case of resection I employed it several days after operation. The transfusion of 1,000 c.c. of blood raised the hemoglobin percentage by one-third and established a convalescence more rapid than usual. It was planned to use it earlier, but a donor failed. In another case of pyloric ulcer, with repeated hemorrhages, I used it directly before operation to render the patient an operative risk. Both of these were done by Dr. Lindeman by his method.

The ultimate results in my cases are not so good, owing to the advanced state of the disease at operation. One had merely a polypoid condition at the resected pylorus. After improving for a time he grew weaker, refused food, though he could swallow it, and died in 7 weeks. At autopsy

there was found an adenocarcinoma of the cardiac portion, which was not noticed at the operation. Furthermore, he had chronic pulmonary tuberculosis and acute infectious endocarditis.

Another, the youngest patient in the series, whose pathological report showed colloid carcinoma on the basis of an old ulcer, extreme vascular changes and the presence of what seemed to be small gummata, suggesting a luetic process, was well for 4 months. After this there was recurrence of symptoms and a second operation revealed a peptic jejunal ulcer at the stoma. She died soon after, not having the strength to rally after the second operation. Another patient, who presented a large mass to the right and a little above the umbilicus, adherent in this position to the anterior abdominal wall, died from recurrence within a year. The others had a longer lease of life. In one the pathological report of a large tumor was colloid adenocarcinoma, or an extreme example of gastritis polyposa with excessive degeneration.

All were operated by the Billroth ii method except one, in which Kocher's modification of the Billroth i method was used. In the latter case it was necessary to do a gastro-jejunostomy, six weeks later, on account of symptoms indicating obstruction to the outlet of the stomach. There is little to add in the matter of technic. I always sever the stomach with the cautery or cauterize the cut surfaces for hemostasis and to avoid the possible contamination of the wound with cancer cell. The Polya-Reichel method, in which the opening in the stomach is sutured into the jejunum to form the gastro-jejunostomy, is attractive as it should shorten and simplify the procedure.

If we can not do a resection what can we do to palliate? Gastro-enterostomy is commonly done, but the results are disappointing unless there is pyloric obstruction, and a carcinoma at the pylorus not infrequently holds it open instead of stenosing Even when the pylorus is stenosed the results are not very satisfactory. Furthermore, the mortality in these advanced cases is considerable, otherwise the mortality of gastro-enterostomy is very low. One reason that the results are always necessarily disappointing is that the sloughing, ulcerating tumor remains in the stomach cavity; hence the appetite does not improve and there is little gain in weight or strength.

I believe that some of these cases offer an excellent field for V. Eiselsberg's un-

ilateral exclusion, when the extension and adhesions of the pyloric tumor are such as to render a safe resection very doubtful. Of course, it adds somewhat to the length and severity of the operation, but the Polya-Reichel technic may be employed. V. Eiselsberg first proposed his exclusion method for just such cases. I employed it in a case about a year ago, and the result was far better than simple gastro-enterostomy. The patient lived nine and a half months, though it was an advanced case. There was one peculiar effect that we had not counted on. The disuse of the pylorus as a passage way allowed the tumor to proliferate faster than it ulcerated so as to tightly close the pylorus. The discharge from the ulcerating tumor was thus dammed back and worked out through the abdominal incision from time to time. However, I think the method worth employing in suitable cases. If the patient improves markedly the attempt at resection in a two stage operation may later be made.

One of the 10 cases of gastro-enterostomy died two days after operation, of pneumonia, another after II days from progressive weakness, another in 4 weeks from a perforation of the duodenum, which the tumor had invaded. The others lived a longer time or were lost sight of, but none experienced the relief from the operation that one would expect from analogy with cases of pyloric ulcer. One had a leather bottle stomach (linitis plastica), and experienced much relief from the operation. He died one and a half years later with cancerous metastases in the brain. case had a gastro-enterostomy done in Philadelphia 5 years before. He was well until shortly before the operation, at which the stoma was found nearly closed by a large adherent tumor. A new stoma was made further to the left. This is interesting, as the length of time since the first operation proves that the original condition was an The occurrence of cancer after a gastro-enterostomy for ulcer is not common. Paterson says that it occurs in only I per cent. of cases and uses the fact as an argument against the common occurrence of malignant degeneration of gastric ulcers. In one other case, in which exploration alone was done, a gastro-enterostomy had been made 7 months before, with relief for 2 months. The time since the operation was here so short that we can draw no similar conclusion as to the character of the condition.

A form of gastro-jejunostomy that I

have used in two of these cases, and a few cases of ulcer, where the posterior surface of the stomach was not available on account of adhesions, is the retro-colic short loop anterior gastro-jejunostomy. The loop of jejunum is passed through the transverse mesocolon and then through the gastro-colic omentum. It has given good satisfaction.

Carcinoma of the cardiac end of the stomach has been present in my series 7 times in 35 cases, 20 per cent. The diagnosis is usually not difficult. In only one case was there no difficulty in swallowing and no obstruction to the passage of the stomach tube. In another case difficulty in swallowing was not complained of, but the passage of the tube was stopped by the growth. All had epigastric pain, often severe and in two instances radiating to the back. There is usually no vomiting, but often regurgitation or gagging after eating, or the food has to be washed down by drinking water frequently. In one case the diagnosis was confirmed by Dr. H. H. Janeway by the use of the oesophagoscope.

No radical operation is at present applicable to these cases. In 5 cases I have done gastrostomy by Senn's or Kader's method, using a No. 22 or 20 French catheter. As to the results, the pain may not be greatly influenced, but the nutrition is much improved. After the rest given the oesophagus by the use of the tube for feeding, the patients have almost always found that they could swallow better and thereafter continued to take food partly by the mouth

and partly through the tube.

In 6 cases exploration revealed an inoperable condition, hence nothing was done,
as there was no obstruction calling for gastro-enterostomy. It is most desirable to
limit these operations as much as possible.
If there are signs of free peritoneal fluid,
infiltration of the umbilicus, an evident
carcinomatous liver or enlargement of the
superaclavicular nodes, no operation should
be done. The X-ray also may disclose a
clearly inoperable condition and contra-indicate exploration.

In conclusion we may state:

I. That an early diagnosis is the great desideratum toward which the efforts of both the internist and the surgeon should be directed.

2. That resection gives excellent results, a low mortality, a fair proportion of complete cures and a considerable prolongation of life and comfort when ultimate cure does not result.

3. That some cases may be more safely operated by the two stage method or the use of the transfusion of blood.

4. That gastro-enterostomy is rather disappointing in its results and its mortality and that unilateral exclusion offers an improvement in the results.

5. That simple exploration should be restricted as much as possible.

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DIAGNOSIS OF CANCER OF THE PANCREAS—A MISTAKE.*

By Joseph Payne, M. D., Midland Park, N. J.

First—I wish to read what Forchheimer says about tumors of the pancreas.

Second—To report a most interesting and curious case having no characteristic symptoms of cancer; but diagnosed solely as such by laboratory findings and bismuth X-ray test and supposed metastases. An autopsy revealed only a few gall stones and a kink in the intestine at the splenic flexure which caused an obstruction.

"The most common new growth of the pancreas is carcinoma, which occurs in three forms; as a primary tumor, by extension from neighboring organs, particularly the stomach, and as metastases from carcinoma elsewhere in the body. The metastases rarely give rise to symptoms. Other tumors of the pancreas, such as sarcoma, fibroma, and adenoma, are great rarities. In carcinoma it is almost always the head of the gland which is affected, the tumor is seldom palpable, owing to its small size and deep seated position. most invariably in cancer of the head of the gland there is compression of the pancreatic ducts, which give rise to the characteristic symptom, of bulky stools containing an excess of neutral fat droplets and undigested muscle fibres, often there are masses of fat visible to the naked eye. Jaundice is almost always present, and is accompanied by a dilated gall bladder, which usually can be palpated, in contradistinction to obstruction of the common duct by stone. The biliary obstruction in cancer is usually complete, so that no bile pigment can be demonstrated in the stools. The combination of pancreatic stools with jaundice and a palpable gall bladder is almost pathognomonic of cancer, but a few cases of chronic pancreatitis with these signs have been reported. Cachexia is usually very rapid, more so than in chronic pancreatitis, but this rule also has its exceptions; in fact, there are cases where only an exploratory laparotomy will decide the diagnosis. Carcinoma of the body and tail of the pancreas cannot be diagnosticated unless a palpable tumor is present."

Case—A female, Mrs. U., of Ridge-

wood, history given briefly.

Family History—An aunt died of cancer. Patient's mother died on March 6, 1913, with fibro-carcinoma of the uterus.

Personal History — Born in Germany, 1865. When 18 years old she had diphtheria, and ever since has been troubled with insomnia. She could get no relief although she consulted several doctors in Berlin. Later on, she came to this country and was married. While on her wedding trip down to South America, her husband was taken ill and died. She was never pregnant, and seemed to enjoy good health except she could not sleep very well.

Clinical History—Sometime in 1911 this woman became ill, she had a bad attack of vomiting and diarrhoea, duration 3 weeks, Dr. Vroom, of Ridgewood, attended and the diagnosis was ptomaine poisoning. On February 28, 1912, she became a patient in St. Luke's Hospital, New York, sent by Dr. J. H. Huddleston, 145 West 78th street, New York, who made a diagnosis of cancer of the breast. Dr. Blake amputated the left breast with axillary dissec-Patient discharged March 10, 1912. Verbal reports were given which led Dr. Huddleston and the family to believe that the new growth of the breast was nonmalignant.

I first treated this patient in April, 1913, for an infection of the thumb. On December 3, 1913, for skin eruption on chest and arms, consisting of small reddish macular patches that itched very much (possibly an urticaria). After a few days the eruption disappeared, and this condition happened four or five times, acting in the same manner. She also had a coated

^{*}Read before the Bergen County Medical Society, June 8, 1915.

tongue and complained of constipation and a sour stomach for which I gave a stomachic. For the next six months Dr. Huddleston had full charge of the patient. He referred her for examination to a specialist on lungs and also to a specialist in gynecology with negative reports. Stomach analysis showed small amount of hydrochloric acid, no blood, no lactic acid, total acidity 35%. On June 13, 1914, patient returned to me again, and I found that she had gradually got worse. Excessive vomiting, the vomit yellow at times, mensturation every three weeks and vomiting worse at that time, no appetite for a long while and she was afraid to eat because of vomiting; lost flesh, very nervous, complained of chilliness and contractions around throat preceding the vomiting, no fever, pulse normal, a feeling of tightness and pressure at times across the umbilical region, very much constipated, no pain, no blood in vomit, abdomen not distended, no soreness or mass on palpation. Having a trained nurse there I ordered rest in bed, nothing per orem, high enemas, nutritive enemas, morphine and atropine hypodermically to control the vomiting. After a few days the patient improved and food was retained by mouth and gradually the hypodermic injections and nutritive enemas were reduced and stopped. Small doses of bismuth subnitrate and tincture of nux vomica were given by mouth with success, so that the patient gained strength and worked up to a regular diet and ate most everything and gained in weight. On June 18, 1914, I got Dr. Otto Lowy, of Newark, to come and take a blood specimen to make the Abderhalden test for cancer. On June 21, 1914, consultation with Dr. Huddleston. The patient had improved very much since the 13th. A thorough physical examination revealed nothing, no pain, no mass (as there was little food, etc., in the intestines the spinal column could be easily palpated), vomited no blood. The contractions about the throat were thought to be due to a small aneurysm. We decided to tell, that we did not believe cancer was the cause of the trouble, and to recommend that if she continues to improve and get stronger, and should another attack come. then an operation-exporatory laparatomy -would be the best thing to do. But next day, on June 22, 1914, Dr. Lowy reported that the Abderhalden test gave a positive reaction for cancer. The von Dungern Complement Fixation Test and the Freund and Kaminer Tests were indefinite. Aft-

er this I sent for the copy of the pathological report from St. Luke's about the operation of the breast, and the diagnosis was carcinoma of the breast. With this information I was forced to believe possibly a cancer did exist somewhere and an operation would not be advisable. But the puzzling thing about it was that the patient would improve and gain weight by the same treatment. During July and August, the patient had two spells of vomiting less severe and of a short duration. With a trained nurse and same treatment she soon recovered. One peculiar condition veloped was that the nausea and vomiting would commence around 4 or 5 P. M. One night she awoke out of a sleep about II P. M. with projectile vomiting, greenish yellow in color. Constipation became more pronounced. I learned that at one time the patient tried Christian Science with no In July, friends of the family suggested osteopathic treatment. I could not see any good or harm in it so I consented, but the patient made me be present while the treatments were given by Dr. Norris, of Paterson. After two treatments the patient would not take any more for she declared it made her feel worse. During my vacation the first two weeks in September, 1914, Dr. C. A. DeMund. of Ridgewood, took care of the patient who had a very bad attack of vomiting. Dr. Huddleston was again called in consultation and the patient was ordered to the office of a well known radiologist in New York City for a bismuth X-ray test of stomach and intestines. Patient was brought back home in an automobile with a trained nurse and appeared to be in a moribund condition. I returned home soon after this, and found the patient in a bad condition; vomiting, contractions about the throat, fulness across the umbilicus, constipation, loss in weight-all increased, and also requiring daily about grain I of morphine hypodermically to help to control the nervousness and vomiting without success. The report of the bismuth X-ray test was cancer of the pancreas with involvement of the duodenum. I commenced same treatment and gradually reduced the morphine. Patient improved and got up again and ate every thing, and she took walks and went to the movies. For the next two months the patient did verv well. Insomnia was worse. but medinal gr. V. at bedtime seemed to help better than anything. I began to doubt the correct diagnosis and, unable to

get to New York to see the X-ray plates, I got Dr. T., of New York, to examine them for me. He sent a drawing saying that there was no doubt that cancer existed.

On December 4, 1914, patient had fol-



The Intestines, Bismuth X-ray; intestine overlapping place of obstruction at splenic flexure.

licular tonsilitis; fever 102, but better in two days. On December 7, 1914, patient got chill, fever 103. Lobar pneumonia was present in upper lobe left side; ran usual course with crisis, but the last three days in a semi-conscious state. Patient rallied for the next three days, became conscious and took nourishment, after which she showed signs of toxic absorption. Urinalysis was made at three different places at this time. Dr. Gutherson, St. Joseph's Hospital, Paterson, found trace of albumen. casts, numerous hyaline and granular.

Dr. Lowy, of Newark, found albumen traces; granular and hyaline casts, moder-

ate number

Bendinder and Schlesinger, 3rd avenue and 10th street, New York, found albumen, marked trace, innumerable purely hyaline casts, widely scattered hyalo-granular casts, and the Ehrlich's malignancy test was strongly positive. Patient gradually got worse, weaker from no nourishment, coma, Cheyner Stoker's respiration. Died December 26, 1914. Soon after death Dr. Dingman, of Paterson, and myself performed an autopsy. Almost all of the viscera was conveyed in formalin solution to

the laboratory of Dr. James Ewing, Cornell University, 26th street and 1st avenue, New York, for pathological investigation. Dr. T. A. Dingman will now give these reports.

Reporter of autopsy:

Subject was thin but not emaciated. A fair amount of subcutaneous fat was present, but there was very little fat in the omentum. Stemach was small, contracted



Deformity of Stomach and Duodenum.

and tubular in shape, with the pyloric end considerably constricted, but no definite obstruction at this point. There were a few enlarged glands about the pylorus and one especially large and hard overlying the head of the pancreas. There was no gross evidence of ulcer of the stomach or duodenum or of carcinoma of the stomach or pancreas. The small intestine appeared to be normal. The appendix was long, retrocaecal and adherent. The caecum, ascending and transverse colon were very considerably distended with gas, whereas the descending colon and sigmoid were collapsed and atrophic, being no larger around than one's finger. The splenic flexure was attached very high up and there were adhesions between the gut and the under surface of the diaphragm at this point, which caused a pronounced constriction and kinking of the gut with almost complete obstruction. Before interfering in any way with this portion of the gut we tried to force gas from the distended transverse colon into the descending colon. This was accomplished only under a great deal of pressure and was accompanied by a hissing noise as the gas was forced past the obstruction denoting the aperture was very small. The gall bladder was atrophic with a moderately thickened wall and contained several gall stones, one of which was impacted at the entrance to the cystic duct. The right border of the liver was adherent to the diaphragm. The uterus was slightly enlarged and contained several small intramural fibroids. The kidneys showed cloudy swelling of the cortex. Our conclusions from the autopsy were that the woman had died of chronic intestinal obstruction. (The pneumonia and nephritis being the terminal condition). The obstruction appeared to be benign in character, was due to a band-like adhesion causing obstruction and kinking. After the gut was removed the obstructed point immediately resumed about one-half its normal calibre.

THE PATHOLOGICAL REPORT.

Material received consists of liver, pancreas, stomach and duodenum, colon, kidney, spleen, hardened in formalin.

Stomach—This organ is much reduced in size, almost tube-like, and is somewhat deformed by peritoneal constrictions, especially about the pylorus. The pylorus is tightly contracted and there is silght thickening of the circular muscle. The mucosa is intensely congested and shows well

marked etat mammelonee.

Microschial — There is diffuse chronic interstitial productive gastritis with much new connective tissue in deeper portions of mucosa and corresponding atrophy of glands. About pylorus there is slight interstitial myositis. The peritoneum over pyloric region shows a few abnormal constrictions faintly indicated. One of these was found to contain in a minute focus of fibro-carcinoma. Loosely attached to the greater curvature near the pylorus is a hard pea-sized lymph node which is the seat of fibro-carcinoma.

Pancreas—Organ is very firm. The head seems abnormally prominent, causing a slight bending or irregularity in the course of the duodenum. On section the parenchyma shows slight interstitial fibrosis. Some alveoli are distended with fluid. No traces of carcinoma. A lymph node, size of pea, on superior pancreatic artery 3 cm. from pylorus is the seat of old tuberculosis and is also infiltrated with alveolar carcinoma. The two lesions overlap in the same tissues.

The mucosa of the duodenum is normal. The colon is the seat of a prounced chronic mucous colitis. The mucosa is covered with firm opaque mucous almost as firm as fibrin. There are many saccular dilatations or hernias of the muscularis and there is a productive and exudative inflammation throughout the mucosa.

- The liver is uniformly congested and slightly fatty. Three miliary foci of carcinoma were found at wide intervals just

beneath the capsule.

The gall bladder is extensively fibrosed

and the mucosa atrophic.

The spleen is congested but free from cancer.

The kidneys show moderate parenchy-

matous degeneration.

Anatomical Diagnosis—Recurrent mammary carcinoma with metastases in peritoneum, lymph nodes of pyloric region, and liver. Old tuberculosis of peripancreatic lymph node. Chronic atrophic gastritis. Chronic croupous colitis.

Interpretation — The recurrent carcinoma is in such a postion as to suggest that the extension passed down through the epigastric triangle to round ligament of liver to superficial lymphatics of stomach and liver. Some cells probably also passed along intestinal peritoneum giving the numerous cicatrics observed. The deposit in pancreatic node probably aided in producing the abnormal form of the pancreas which deformed the duodenum and led to the X-ray diagnosis of cancer of pancreas. This diagnosis is accidentally correct.

Even assuming that there were many more cancer foci than the ones discovered they are very minute and I do not think they can account for the symptoms. Here again, the serum diagnosis was correct, but the patient was suffering from something else. One may even entertain the idea that the cancer nodules, which are highly fibrous, might have remained suppressed for years.

The main lesions in the case are gastrointestinal. There is very marked interstitial gastritis which fully accounts for the emaciation and failure of nutrition with

vomiting.

The gall stones were probably one added cause of gastro-hepatic disturbance. The colitis is quite remarkable and would of itself have given rise to considerable local disturbance, loss of weight and reflex nervous symptoms.

The tuberculosis is an interesting addition to the lesions but probably of no great

significance.

The enfeebled state naturally made the patient more susceptible to pneumonia.

I am not inclined to think that the case can be passed merely as one of recurrent carcinoma. She might have lived years, possibly many years, if the gastro-intestinal lesion had been absent and the pneumonia had not supervened.

A severe gastritis at the time of the ptomaine poisoning might stand as a cause of the chronic gastritis and colitis.—J.

Ewing.

We wrote to Dr. Ewing asking if the kink could produce the colitis and gastritis

and get this in reply:

"I can hardly think that the kink in the colon was the cause of both the colitis and the gastritis. What cause the kink? Although I could not demonstrate it, I think in all probability, it was due to a small The colitis focus of fibro-carcinoma. might have resulted from the obstruction, but it was marked throughout the colon and this form of colitis often occurs without a kink. I assume there was no syphilis in the case. I am quite willing to admit that the cause of the gastritis and colitis is obscure and that your clinical point of view is probably more reliable than my conclusions drawn from the remains in formalin. The whole condition was quite remarkable and well worth reporting."

CONCLUSION.

I wish to emphasize a few points this case has brought forth to me. To my mind, the operation on the breast was successful and whatever metastases occurred they were in an arrested state. In such uncertain cases an exploratory laparatomy should be made as soon as possible. When physical signs are negative, diagnosis made just on laboratory findings and X-ray sometimes are not correct. This case has been seen by several doctors and no correct diagnosis was made; more autopsies are necessary in such cases. I would have signed the death certificate as cancer as the cause of death without an autopsy, because I was confronted with four facts, the pathological report on breast operation, the Abderhalden test, the bismuth X-ray test, Ehrlich malignancy test—all positive.

A mistaken diagnosis, especially when heredity in disease was in question, happened to be very important to the brother of this patient who is a superintendent of a large life insurance company in a near-

by city.

There is a lack of genuine interest in post-mortem examinations on the part of many physicians and surgeons, and there is a lack of commendably interest in postmortems on the part of intelligent relatives of the dead. Some physicians entirely lack an interest in necropsies because they are not interested in accurate vital statistics, and in problems of heredity in disease, or because they do not appreciate the value of the necropsy in the correction of errors in diagnosis. Possibly some also hesitate to bring their diagnoses or operative procedures to the test of publicity in the ne-cropsy, most intelligent laymen will respond to the argument that they ought to know the weaknesses of the members of their own families, but this argument is frequently omitted or greatly subordinated by the physician proposing that a necropsy be made. Uusually necropsies are asked as a favor to the physician and rarely offered as a form to the relatives.

Clinical Reports.

Pre-Cancerous Lesions.

These two of the six reported cases are taken from an excellent paper by Dr. G. F. Lydston, of Chicago, in the American Journal of

Surgery, February 15, 1915.

A woman 48 years of age—a prostitute—appeared at my clinic with tertiary squamae—"psoriasis"—of the palms and soles, a "tubercular" syphilide of the face and chronic mucous patches and ulcers of the tongue. Family history free from cancer. The patient smoked eigarettes inordinately and indulged in liquor to excess. Treatment having given relief, the case passed from under observaton. Two years later she consulted me for lingual leucoplasia and a small, indurated, circular, ulcerating plaque about 15 mm. in diameter on the tip of the tongue. There was no adenopathy. The microscope showed typical malignancy—epithelioma—and an advanced superficial sclerosis and keratosis (Figs. 4-13). Operation was advised and consented to. A little more than an inch of the anterior portion of the tongue was removed and the leucoplastic areas excised. The submaxillary spaces were not cleaned out, because of the patient's opposition to remaining in hospital. Healing was prompt and, while the case remained under my observation, a period of some ten months, there was no recurrence. At this time speech was but slightly impaired. I do not know the final outcome of the case, as the patient drifted away and, I believe, left the

The advanced stage of hyaline degeneration and absence of adenopathy and the small size of the malignant lesion are noteworthy.

A man 50 years of age, architect, was referred to me for what his physician termed an obstinate "syphilitic mucus ulcer" of the left border of the tongue, posteriorly. Family history negative as to cancer. The history of syphilis was clear and there were several characteristic ancient nodes — osteo-hyper-

plasia-upon the tibiae. There was a marked internal strabismus of the right eye, from third nerve involvement, which had developed one year before I saw the case. The tongue presented several nodules which, the patient stated, had appeared and disappeared from time to time, for several years. There was slight macroglossia and numerous leucoplasic areas. The ulcer was about 2 cm. in diameter, with indurated borders. Pain in the left ear had developed about four weeks previously. Patient was a moderate drinker and a heavy smoker. He had not been advised of the dangers of either liquor or tobacco.

The condition had grown steadily worse under treatment. There was no adenopathy. The Wassermann was positive. Microscopic examination negative. I kept the patient under observation for four weeks, during which time I gave him a dose of salvarsan, followed by iodid and mercury, the case growing progressively worse. Microscopic examination again was negative. A diagnosis of carcinoma was made and operation advised, whereupon the patient left me and went to a sanatarium to be "cured" by a vegetarian regimen and colonic flushings. I saw the case four months later, at which time considerable sloughing had occurred and there was extensive gland involvement and marked cachexia. nounced the case technically inoperable, but suggested removing the sloughing tongue mass by the cautery loop for palliation. The patient declined operation and returned home, dying of hemorrhage and exhaustion within six months.

We append the conclusions of Dr. Lydston's paper.

- 1. Syphilis, via the so-called "precancerous" conditions—such as leucoplasia and gumma, with associated chronic diffuse glossitisis the most potent factor in making dynamic the predisposition underlying cancer of the mouth and tongue and probably also of the throat.
- 2. Alcohol and tobacco—especially the latter-and the local irritation produced by treatment of syphilis or by bad teeth, or both, are most potent factors in the etiology of cancer in syphilities.
- 3. The local conditions furnish the exciting cause of cell proliferation and the syphilitic constitution supplies the perversion of cell nutrition through which the cancerous predisposition becomes dynamic.

4. Through the operation of the eticlogic factors just mentioned, the syphilitic cell infiltration, and the scar tissue produced by it, are replaced by malignant cell growth.

5. The best prophylaxis of pre-cancerous lesions is afforded by rational constitutional treatment, avoidance of local irritation, careful mouth surgery and hygiene, and total abstinence from alcohol and tobacco.

6. The best prophylactic of cancer of the oral cavity—and especially of the tongue—as a concomitant of syphilis, is excision of all obstinate chronic lesions of the mucosa and sublying tissues, whether regarded as characteristically syphilitic or not.

7. The best time for operation in suspicion lesions of the tongue is before the diagnosis of malignancy is definitely established. Operation upon "pre-cancerous" lesions is much more effective as a life-saver, on the average. than is operation upon indubitable cancer.

8. Neither the microscope nor the Was-. sermann should rule the surgeon in doubtful cases. In experienced hands, the clinical diagnosis, even admitting that occasional errors are probable, is safer in the long run than reliance upon laboratory methods, especially if the surgeon is even a fairly competent syphilologist.

9. In lesions of lesser magnitude, operations may be limited, but resection of half or all of the tongue-according to the location and extent of the lesion-is indicated in those of greater magnitude, and invariably when the diagnosis of cancer is clearly established.

10. The tissues beneath the jaw always should be cleansed out in the more extensive tongue excisions. This should include the re-

moval of the salivary glands.

11. The average of successes from tongue resection, and the average longevity of the subjects operated, will be higher or lower according to whether the profession is dominated by sound surgical judgment and experience-with its obvious corollary, practical common sense—or by laboratory reports. In brief, the oftener we operate on "suspicion," justified by careful clinical study of lesions of the tongue, the better for humanity.

Sarcomatous Cerebellar Tumor.

Reported by Dr. C. R. Ball at a meeting of the Minnesota Neurological Society and given in the Journal-Lancet.

Miss M. S.; age 29; was seen in consultation December 5, 1913; teacher in public schools; family history, good; personal history and past history, not significant; no history of lues; present trouble started with a buzzing and gradually increasing deafness in right ear seven years ago; for the past two months she has had occasional attacks of vomiting, projectile in nature. She was able to continue, however, with her teaching up to within a few days of the time of consulting me. She now complains of headache, which she has had for some time, and which is particularly severe in the back part of her head and neck; coughing or sneezing increases this pain; the ride on the train aggravated it greatly.

Patient's general state of nutrition is good; mental condition, good; heart and lungs negative; station poor with tendency to fall towards the right side,—in walking she, also, has a tendency to fall towards the right and is unsteady in gait; pupils regular, equal and react to light and accommodation; horizontal nystagmus; areflexia in right eye; left eye, normal; diminished sensation on right side of face and tongue but no other evidence of sensory disburbance; choked discs on both sides; slight involvencies of facial nerve on right side; involvement of auditory nerve on same side; no other cranial nerve involvement; deep reflexes, normal; there was marked loss of muscle sense in the right arm and leg, supination and pronation of right arm and movements of the fingers of right hand showed adiadokokinesis.

The head was not particularly tender to percussion in any one place.

Diagnosis: Slow growing tumor in right cerebellum; pontine angle.

Patient was operated on the latter part of December, 1913. A growth the size of an English walnut was found and removed in the right lateral recess. The growth was of a sarcomatous nature. On December 14, 1914, a letter from her physician stated that patient came alone to his office two days before, and walked up a long flight of stairs. Her walk was as yet unsteady. There was still some difficulty in the use of the right hand. The headaches have entirely disappeared. The eye backgrounds are normal; vision, 20/20. The patient has steadily improved since her operation although the improvement in the last three months has been slight.

Epithelioma of the Lid.

Dr. William C. Posey reported this case at a meeting of the Wills Hospital Opthalmic Society, which had been treated by means of the X-ray. The patient had previously been treated by another physician, who had prescribed a salve. This did not, however, help the condition a great deal. Dr. Posey stated that, if he were treating the case, he would operate, cutting out all the diseased tissue, and turning in a flap from the temple; even though this operation would probably lead to the loss of the eye, the inferior cul-de-sac having been wiped out, and the growth extending far back.

Carcinoma of the Upper Jaw.

Dr. Joseph C. Beck, at a meeting of the Chicago Laryngological and Otological Society, showed a patient who had a carcinoma of the left upper jaw, which the speaker diagnosed by microscopical examination. It extended somewhat on the anterior surface of the superior maxilla when seen, as the condition had lasted for eight months. He wished especially to refer to the operation in this case, particularly the technic. A resection of the upper jaw without external incision was made, as in an antrum operation. He excised the inner surface of the cheek wide of the tumor. Then, internally, in the midline, below the upper lip, just under the nose, raising a flap as in the Loewy operation, he resected the superior maxilla posteriorly, including the palatal bone. It was not necessary in this case to remove the lateral wall of the nose, or the floor of the orbit, because they were not involved. The carotid artery was not ligated at the beginning of the operation, but on account of a good deal of bleeding a temporary compression, according to the Crile method, was performed, which resulted in practically no bleeding during the remainder of the operation. After the operation was completed, small particles of the tissue from the operative field were excised and saved for microscopical examination. This tissue was found subsequently absolutely free from carcinoma. Then a layer of gauze was placed within the cavity, and on top of that ten milligrams of radium element, some more gauze, and the soft palate sutured temporarily to the side of the cheek to control bleeding. The radium was allowed to remain in for forty-eight hours. The gauze was removed next day and replaced three times within a week, and then left out. Since then the sloughs have been coming away, and there is still a portion of the slough left in the anterior wall. It is now four week since operation, and the patient was shown because he was leaving for his home next week. Perhaps it would be of interest to see him sometime in the future with no recurrence.

In this connection, Dr. Beck showed a stereoscopic photograph of a patient operated on seven years ago by the external method, and the patient is alive and in good health at the present time.

Cancer in Aberrant Mammary Gland Tissue. Dr. L. Stropeni's patient, as reported in Tumori, Rome, was a women of 57 with an adenocarcinoma in front of the sternum. It was removed three months after the first symptoms had been noted. The microscope revealed the structure to be that of an aberrant lobe of the mammary gland, without any connection with the latter. There has been no tendency to recurrence during the year since although the tumor had been of an unusually rapid and malignant growth.

Papillomatous Cyst of Nipple.

Dr. Edward A. Balloch reported this case at a recent meeting of the Medical Society of the District of Columbia:

H. M., 40 years of age, entered the hospital March 13, 1915, with the following history: Family and personal history unimportant. About February 15, 1915, patient noticed a small tumor below the right nipple, about the size of the end of a finger. It increased rapidly in size, and three weeks afterwards there was noticed a hemorrhage from the nipple to the amount of a tablespoonful, after which the mass lessened in size until it reached its present dimensions. No pain at any time and only a slight sense of discomfort in the breast.

Examination showed a cystic tumor 3 cm. in diameter, below right nipple. Tumor elastic, compressible and somewhat movable. No secretion when tumor was compressed. No glandular enlargement. Diagnosis, cyst of ampulla, with probable papilloma. This diagnosis was based on the history of the case, the feel of the tumor and the fact of hemorrhage. Operation March 15. The cyst was excised and a frozen section immediately examined. The report being the growth was non-malignant, the wound was closed, and healed without incident.

The importanc of these cysts lies in the fact that they often form the starting point for malignant growths.

Stomach Carcinoma.

Cases reported by Dr. Joseph C. Bloodgood, of Baltimore, in his address as president of the Gastro-Enterological Society, May 10, 1915:

Case 1. The patient was a white woman aged 43; for eleven months there had been continuous discomfort in the epigastrium, increased by eating solid food. The distress was so great that she consulted a physician within five months. On restricted diet she had been more comfortable. The patient had vomited three times—the first attack of vomiting was two months before admission. With her inability to eat without discomfort she had lost weight and strength. At the examination the most conspicuous finding was a mass; gastric lavage demonstrated residuum, but no blood. The residuum was rather slight. Hydrochloric acid was absent, total acidity 13. Ap-

parently it was the palpable mass which urged operation.

The operation was performed by Dr. Miller, the resident surgeon of the Johns Hopkins Hospital, January 4, 1908. The operation consisted of resection of the pyloric end of the stomach, closure of the duodenum and stomach, and a posterior gastro-enterostomy, a method known in literature as Billroth's II.

At operation the mass occupied the lesser curvature. It was freely movable, and there were no adhesions.

This patient lived in comfort about seven years. She was readmitted to the Johns Hopkins Hospital in February, 1915, with a huge pelvic tumor of which there had been symptoms but a few months. This patient died within a few weeks in the hospital, and the necropsy demonstrated a primary adenocarcinoma of the body of the uterus with involvement of the ovaries, broad ligaments and glands. There was no evidence of carcinoma in the area of the stomach, and every evidence that the present disease had no relation to the cancer of the stomach removed seven years before.

Case 2. This patient was a white man aged 55; his symptoms began eleven months before operation; at first simple discomfort in the epigastrium after eating. In three months there were definite symptoms of stenosis, recognized by his physician, Dr. Wertz, of Hagerstown, Md., but the patient refused operation until August. At that time he was greatly emaciated, anemic, and the stenosis was almost complete.

In this case the operation was performed at St. Agnes Hospital by Dr. Bloodgood, August 11, 1910. There was a movable, non-adherent mass at pylorus. After the simple resection the duodenum was sutured to the stomach after Kocher's method. Fortunately the Kocher anastomosis worked well, and the patient could be fed immediately after operation.

At this time, May, 1915, there is no evidence of recurrence.

Gastric Cancer in a Boy of 9.

Dr. F. Karl reports this case in Deutsche Med. Woch., March 25.

The child had never been strong and during the last three or four months had vomited often until he was too weak to stand. A knobby cancer, as large as a child's fist, was found at the pylorus and the region resected. The stump of the stomach was implanted in the jejunum. He bore the operation well and in three months was plump and ruddy, having more than doubled his weight, from 28 to 59 pounds, by March, 1915. The ultimate outcome of course is dubious, as cancer in the young is exceptionally malignant.

Familial Gastric Cancer.

Dr. P. K. Pell, in Berliner Klin. Woch., emphasizes that possibly more can be learned with regard to the causation of cancer from scrutiny of familial cases than from extensive general statistics. He has encountered seven cancer families and gives the tree of one. A man whose three brothers died of cancer married a woman whose two brothers died of cancer of the face. Of their nine children, six daughters were healthy, but two daughters and

one son died of cancer of the esophagus or stomach as did also the daughter of one of the healthy daughters. There were thus ten cases of malignant disease in the eighteen members of the family in three generations. In another family, five of the seven children of an apparently healthy couple died of gastric cancer without any known cause such as abuse of tobacco or trauma. One of the remaining two children suffers occasionally from the stomach.

In this family the stomach was the only organ affected and the malignant disease did not develop until long after the children had left the home roof and scattered. Pell knows of another family in which three sisters, their mother and grandmother, all died of cancer of the breast. Van Iterson has also reported from Leyden a family of ten persons in two generations of whom eight have succumbed to cancer, including four cases of cancer of the breast. Haeberlin has reported that a history of cancer in the family was found in 10.9 per cent. of 138 cases (gastric cancer in 8 per cent.). A collective inquiry in 1901 as to the prevalence of cancer in Holland, elicited data to the effect that the parents and grandparents had had cancer in 10 per cent. of 878 cases, and that in 18.1 per cent. there was a history of cancer in the family.

Large Sarcomatous Tumor of Mesentery Removed Together With Eight Inches of Small Intestines: Recovery.

Dr. H. N. Vineberg, at a meeting of the New York Academy of Medicine reported this case, which occurred in a woman 29 years of age, the mother of three children, the youngest being two years of age. The patient's history was unimportant until three months before she presented herself to Dr. Vineberg. At that time she took a Turkish bath at the termination of a menstrual period which caused a return of the flow. The two following periods were accompanied with severe pain. The third period was attended with less pain than the two previous ones, but was scanty. Bimanual examination revealed the presence of a tumor lying chiefly to the left of the median line and reaching up midway between the umbilicus and the left rib border. The tumor was movable and cystic for the most part. A diagnosis of cyst of the ovary was made, with probable twisting of the pedicle as evidenced by the recent attacks of pain. At operation the tumor was found to have no connection with the pelvic organs although it lay in part in the cul-de-sac of Douglas and was moderately adherent to the pelvic floor. The tumor was found to arise from the mesentery; it was removed together with the overlying portion of the small intestine which was about eight inches in length. The ends of the intestine were sutured and a lateral anastomosis was made. The abdomen was closed without drainage and the patient made an uneventful recovery. The tumor was the size of an adult's head and proved to be a spindle shaped sarcoma, the center of which showed necrosis, hemorrhage, and cystic formation. The case was interesting because of the comparative freedom from symptoms, the difficulty of diagnosis, and the rarity of the condition. symptoms of tumor of the mesentery were not

characteristic. On local examination they offered one point of differential diagnosis in restricted mobility. This feature was not so marked in the case just reported as to excite due attention and so the plausible diagnosis of ovarian cyst was made for which these tumors were usually mistaken. The rarity of these growths might be inferred from the fact that the speaker in twenty years of active abdominal surgery had never before encountered such a growth. Only 85 cases had been reported in the literature.

Carcinoma of The Bladder.

Dr. Gray, in the Amer. Quart. Roent. Vol. 1, No. 2, 1907, reports a case of bladder carcinoma which was removed by a suprapubic incision, following which the Roentgen ray was applied through a speculum introduced into a large drainage opening. The only details of the treatment consist in the testimony of twenty-one therapeutic exposures followed by healing of the bladder wall involved and the closure of the suprapubic incision by granulation. The patient was reported as perfectly well one year later.

Undoubtedly there will be many reports forthcoming upon the influence of deep roentgentherapy upon carcinoma of the bladder. The ability to introduce by the cross-fire method large doses of hard rays with the new gas and pure electron tubes, will provoke more attention to the thorough postoperative roentgenizing of bladder tumors. There have been quite a few reports by French and German radium enthusiasts upon the use of radium alone or in conjunction with Roentgen rays for prostatic hypertrophy and carcinoma. These reports, as yet, fail to announce any cures. They do demand recognition of the amelioration of symptoms and pain. Some may advance a pessimistic opinion that these symptoms are frequently relieved by the proper attention to hygiene that the new treatment forces upon the patient.—Dr. Skinner in Interstate Med. Jour. June.

Malignant Disease of the Testicle.

Drs. A. P. Butt and A. Arkin, in Surgery, Gynecology and Obstetrics, report a case of double undescended testicle with tumor formation. The patient, a farmer, aged 48, claimed to have led a vigorous sexual life until recently. His health had been failing for a year. He was troubled with gastric disturbances; his abdomen had enlarged noticeably for the past six months. Examination showed a man of slight build, with scant moustache, practically no beard, voice of feminine type. His scrotum was small, penis undersized and no testicles were found in the scrotum. large, hard, smooth mass was palpable in the left lower abdomen. Upon operation a tumor weighing three and one-half pounds was removed from the left side. The right testicle was removed from the lower part of the pelvis. Microscopic examination of the tumor showed it to be a sarcocarcinoma of double undescended testicles. The carcinomatous portion predominated and the connective tissue showed evidence of sarcomatous proliferation with large numbers of small round-cells. In addition giant cells were scattered through the tumor, making it an unusual one. Lymphoid follicles were present and the mixed tumor had involved both undescended testicles.

Dr. D. B. Roncali, in Tumori, Rome, refers in particular to tumors of chorioepitheliomatous structure. He regards them as essentially analogous to physiologic embryos; they are pathologic embryos. Chorioepitheliomas of the testicle were long supposed to be sarcomas, but improved technic proved this a mistake. Roncali has encountered two cases, a she describes in detail. The first patient was a young man of 18 who had first noticed signs of a tumor in the scrotum two months before its operative removal. The growth involved both the testicle and the epididymis. A large metastatic tumor developed later in the kidney region, and proved fatal eight months after the first operation. The second patient was also a young man; he was extremely debilitated when first seen and symptoms in the lungs led to the diagnosis of fulminating tuberculosis. He died a few days later and nodules of a neoplastic nature were found in the lungs, suggesting the structure of a chorioepithelioma. The testicles were examined when the above was determined, and the right testicle was found to be the seat of a typical chorioepithelioma, the structure the same as in the nodules found in the lungs, liver, kidneys and spleen.

Carcinoma of Uterus in Young Woman.

Dr. P. B. Bland reported this case at a recent meeting of the Philadelphia County Medical Society. He said that while Findley had reported a similar case in a girl of eight years, this was the youngest he had seen.

Mrs. M. C., twenty-four years of age, housewife, was referred to Jefferson Hospital by Dr. E. A. Schumann. She was admitted January 21, 1915, and discharged cured, February 13. Her last normal menstrual flow occurred in September. She was married at eighteen and had had two pregnancies terminating prematurely. Her menstruation in October was two weeks overdue; in November, normal; in December she had severe cramps for two days, passed large clots of blood and had been bleeding daily for six weeks before she presented herself at the hospital. Bleeding was aggravated by vaginal examination. There was backache; no bladder or rectal symptoms. Loss of weight and strength had been progressive. Blood count on January 23 was hemoglobin 80 per cent., white cells 13,600; red cells, 4,890,000; color index 8. Upper part of the vagina was the site of a large round mass with an irregular The surface surface, more or less granular. was soft in consistence but base of mass was firm, hard and cartilaginous. The surface was friable, broke down readily under pressure and bled freely after manipulation. surface of the tumor extended to the vaginal fornices but the uterus was freely movable and there was no evidence of broad ligament infiltration. Operation was done on January 26. A moderately large mass was discovered at the bifurcation of the left iliac vessels. A radical Wertheim operation was performed and the patient made an uninterrupted recovery.

The laboratory report gave the diagnosis of squamous-cell epithelioma of cervix with metastasis to pelvic tissue.

Dr. J. A. McGlinn stated that the earliest case he had seen was that of a girl of twenty-two years of age.

Cancer of Rectum.—Radium treatment reported by Dr. C. Pellizzari, in Riforma Medica, Naples.

In this case the rectum was almost entirely obstructed by the cancer, about 8 cm. above the anus, and adhesions to neighboring organs rendered operative treatment too dangerous. The man was given a course of radium treatment in 1913 and again in 1914, and soon regained his strength and increased in weight. There is still a slight bulging of the rectum wall at the spot, but the malignant disease has otherwise completely retrogressed.

Relations Between Pregnancy and Cancer.

Dr. Pinard, in Annales de Gynecologie, Paris, says he has encountered in forty years of practice only two cases of pregnancy occurring in women with cancer of the breast, while pregnancy with cancer of the uterus is not uncommon. He reports in detail one of the two cases; the woman's breast had been the seat of a bunch of small torpid tumors for nearly two years. She became pregnant and the tumors began to grow, the aspect near term resembling a bunch of nipples. The breast was excised and delivery followed within two weeks; mother and child are still living over two years later. In the other case a woman of 28 noticed a small tumor in the left breast at the sixth month of a pregnancy. Immediately after delivery the tumor increased rapidly in size and the woman died in four months from generalized malignant disease. No attempt at an operation had been made in this case. Another young woman speedily succumbed to acute cancer of the breast six months after a childbirth, but Pinard does not know whether the tumor developed first during or after the pregnancy. These experiences emphasize the necessity for prompt removal of every lump discovered in the breast during or soon after a pregnancy. The operation should be done without the least delay and should be as radical as possible.

Abstracts from Medical Journals.

Cancer.

The etiology of cancer in the light of recent cancer research is studied by H. R. Gaylord, Buffalo (Journal A. M. A. March 20, 1915). He says perhaps the more important problems in cancer research center in the so-called parasitic theory. Through the discoveries of filterable viruses, we may assume that this hypothesis is at last justified. The question that will most concern us is whether this theory is universally applicable. The indications are that the investigators are gradually coinciding. We now generally recognize predispositions to cancer, and agencies bringing about the cancerous conditions. They are of varied nature, and so far as may be determined may be summed up as chronic irritation. In exceptional cases, even a single trauma may supply it, but in the high percentage of cases, the local predisposing features may be definite-

ly determined. There are also more constitutional factors, and experiments on mice and other animals have shown a definite constitutional susceptibility that is transmissible in the belief of many. It is not possible, however, that there is a single cancer parasite. There are probably many, each specific for one type of tissue, and a number of these have been determined experimentally in the lower animals. A inalignant neoplasm may not always present all the characteristics included in the definitions. The power to form metastases may be lacking and it may appear in the course of transplanting the neoplasms. The existence of an immunity to transplanted cancer has been established in mice by Gaylord and others, and the inoculation of tumors of an alien species into an animal has shown that the entire immune mechanism is not yet established in the early stages of development. It is interesting to note here that one of the most effective normal tissues available in setting up resistance to implanted cancer is the splenn. which suggests it as the principal force of antibody formation. Attempts have been made to influence human cancer with cancer cells by vaccination and this has been to some extent demonstrated. Cancer cells introduced into the blood in the early stages of the discase do not always produce metastases, and Goldman's view that the blood exerts an immunity is supported. The complement deviation and Abderhalden reactions show that the blood contains antibodics and antiferments, but these reactions are non specific. Ether and chloroform anesthesia seem to favor the growth of cancer, and every surgeon, Gaylord says, is having experience of finding cancer cases made worse by surgical interference. Something similar has been noted in the treatment of tumors by radiation. In ending the paper, Gaylord mentions the inclusions in cancer, and says that specific inclusions are more or less characteristic of a considerable growth of infectious diseases caused by filterable viruses. There are thirty-odd known filterable viruses, including three specific ones causing neoplasms, discovered by Rous. This widens the scope of cancer research, and it is possible that we may learn the true significance of inclusions in these diseases and in cancer, which Gaylord says is a question left for future investigation.

Diagnosis of Caneer.

Dr. Otto Lowy, Newark, N. J., in the Journal A. M. A., May 8, 1915, points out some of the possibilities of error of the Abderhalden test by the thimble method through the varying condition of the blood of the patient, the possible contamination of the vessels, and the impossibility of sterilizing the thimbles, as well as their liability to be bruised, and the different degrees of intensity of heat altogether requiring most extremely painstaking care to obtain any accurate results. He has been using instead the Van Slyke aminonitrogen apparatus, devised for measuring the aminonitrogen content of the blood. "The rationale of this method is that we are able to determine accurately the amount of aminonitrogen liberated or given off in a given quantity of serum. We add dried cancer substrate (prepared in the same manner as for the thimble method

and then dried) to the suspected serum in a test tube and take another test tube which contains suspected serum alone, cover the serum with a layer of toluene and incubate for twenty-four hours. If the suspected serum is the serum of a cancer patient and contains a sufficient quantity of the proteolytic enzyme, a reaction will take place. After measuring the amount of aminonitrogen liberated from the serum alone, and then measuring the amount of aminonitrogen liberated from the serum plus substrate, we find that the amount of the latter is increased over the former anywhere from 0.05 to 0.15 c.c." Eighty-two cases were examined by him, forty-two of which were clinically and pathologically diagnosed as cases of cancer. In three cancer cases, he observed that the amount of nitrogen liberated in the serum plus the substrate was decreased anywhere from 0.4 to 0.1 under the amount of nitrogen liberated from the serum. At that time he did not use the dried cancer substrate, and Dr. Van Slyke suggested that the amount of fluid might have diluted the serum enough to account for the decrease. Care must be taken to rid the substrate of all soluble proteins, and it should be tested to determine whether it gives off any nitrogen. In that case it should be discarded. The examinations are shown in the table, and Lowy's conclusions are as follows: "While the number of cases examined is small, nevertheless, I believe that if Abderhalden's theory should prove to be the correct one, the Van Slyke aminonitrogen apparatus will give us more satisfactory results than the thimble method, for the following reasons; 1. The Van Slyke method is very accurate if performed properly. 2. The blood of the patient may be taken at any time, even shortly after meals. The addition of hemoglobin does not invalidate the test. The percentage obtained in my series of cases should not be considered absolute, for we are unable to figure in absolute percentage on such a small number of cases. It should be preferable to have examined at least 500 cases before any definite percentage of results can be announced."

Incidence and Inheritability of Spontaneous Cancers in Mice; Inheritability of . Tumors of Specific Organs.

Dr. Maude Slye, of Chicago, presented a paper on the above subject at the annual meeting of the Amer. Ass'n for Cancer Research, St. Louis, April 1, 1915. The following is an abstract of it:

The present study is based on stock which has now yielded over 10,000 necropsies, and has produced 722 cases of unquestioned tumor, many of these cases showing multiple primary tumors of different organs, so that the total number of cancers is considerably over 1,000. Yet of this number there were only three tumors of the spleen, nine of the kidney, one to seven each of the stomach, rectum, face and jaw, adrenal, mesentery, chest wall, etc. The conclusion seems warranted that the provocation of the origin of cancer is of the type that stimulates rather than of the type that destroys. Tumors of the ovary occur in unmated females about as frequently as in the mated. Is it not possible that the over-production of unused egg cells may as readily be a stimulating cause for cancer in

mice of high cancer ancestry as a specific lesion due to the production of young or to any other cause? Ninety per cent. of the testicle tumors in this stock have occurred in males long unmated or never mated until after the appearance of the tumor. It seems likely that the over-production of unused spermatozoa may as readily be the provocation of tumor in mice of high cancer ancestry as a specific lesion in this organ due to bacteria, wounds or other causes. Mammary gland tumors are about as common in unmated females as in the mated, and in this series they occur at a rather earlier age. It seems probable that the nonuse of an organ ready for normal function may as certainly prove the irritating provocation of cancer as forced breeding and suckling in mated females of high cancer

Whatever the nature of cancer may ultimately prove to be, this fact is certain: It follows the laws of heredity not only in the transmission of cancer in general, but also in the transmission of cancers of specific organs with an inevitableness which makes it a character that can be manipulated. Cancer is transmitted as a tendency to occur from a griven provocation probably in the form of over-irritation, chronic or acute, and, according to these observations, is quite as likely to be of the constructive as of the destructive kind. The elimination as far as possible of all forms of over-irritation to the tissues of an individual of high cancer ancestry should go far to remove the provocation of cancer; and the eugenic control of matings, so that cancer shall at least not be present or potential in both sides of the hybrid cross, ought to eventuate in a considerable decrease in the frequency of human cancer.—A. M. A. Jour.

Age Incidence in Sarconia.

An analysis of 265 cases of sarcoma was made by Dr. C. V. Weller, Ann Arbor, in the Archives of Internal Medicine recently. The incidence was greatest at the age period 48 to 52. After this period the sarcoma incidence gradually decreases. There was no marked difference in the age distribution of sarcoma in males (129) and in females (136). Although in youth sarcoma incidence is somewhat higher than carcinoma incidence, there is throughout life a marked parallelism between the age incidence curves for the two types of malignancy, and for more than twenty years there is a practical coincidence, strongly suggesting that the causal or predisposing agencies in the two cases must either be identical or have much in common.

Malignant Tumors of Bone.

Prof. R. Wenglowski, of Moscow, in The Lancet, presented a new method in conservative operative treatment. The ordinary method is by resection in continuity and replacement of pieces of living or dead bone. Prof. Wenglowski modifies this principle by mercly removing the tumor in the soft parts and killing the affected piece of bone by the aid of steam. This is done by attaching a perforated metal tube to an autoclave or an ordinary steam kettle and applying the steam directly to the bone for varying times. The

author has found by experiment that to heat the tibia to a temperature of 75° to 80° C. long enough to kill all cellular elements, three minutes are sufficient; for the lower mandible, one and one-half minutes; the femur, eight minutes, etc. To protect the surrounding soft tissues, the author covers them with gauze, a metal plate, and asbestos. To heat the posterior aspect of the bone, the author has devised a special curved flat tube. The advantage of this method over that in use at present is that the continuity of the bone is preserved.

Resection of Rectum for Cancer with Preservation of the Sphincter.

Dr. Charles H. Mayo, at the meeting of the Southern Surgical and Gynecological Society, said that extirpation of the cecum and ascending colon for cancer had given a high percentage of cures because an anastomosis of the ileum into the colon was an ideal enterostomy for delivering semi-liquids. The twostage Mikulicz method was one of the safest known, although convalescence was protracted. A permanent colostomy, though abhorrent to all patients, undoubtedly gave a higher percentage of cures than did methods which restored function. Mayo advised a colostomy when necessary made through an incision large enough to permit general examination of the abdomen. In a summary of his paper he advised (1) thorough abdominal exploration, (2) a temporary or permanent colostomy in the majority of cases of the type under discussion, (3) increasing the lumen of the anterior and, if necessary, the posterior portion of the bowel to double their normal diameter at the point of union, (4) rotation of the anterior peritoneal-covered bowel to secure rapid healing posteriorly, and practically free peritoneal surface anteriorly, (5) stretching or division of the sphincter to secure drainage of the bowel, (6) closure of the colostomy to secure function, and (7) if there were no metastases and the colostomy was to be permanent, that the rectum be removed at a second operation.

Roentgen Treatment of Cancer.

Dr. J. Nordentoft, in Ugeskrift for Laeger, Copenhagen, says he either applies the Roentgen rays before and after operation and again later or trusts to exclusive roentgenotherapy. The necessity for studying which types of cancer are amenable to the rays and which are most likely to recur is very important. He cited one of three typical cases. The patient is a woman of 24 who had a cancer removed from one ovary in 1912 and from the other in 1913. Multiple metastases in the abdomen subsided completely under Roentgen exposures. She was clinically well for some months but then returned with complaints of pain and tenderness in the liver region. Roentgenoscopy showed that the excursions of the diaphragm on the left were free and normal, but on the right side the diaphragm was pushed high up and held immovable there, a dark shadow filling the space below. Four exposures were made, five large felds being exposed, in the course of five days, and by the end of this time the diaphragm was free and working normally on both sides. All the abnormal shadows had disappeared except that the liver seems a little larger than usual. He gives roentgenograms of this patient.

It is only a question of time, in his opinion, when all superficial cancers will be treated with radiotherapy alone. It answers the purpose as well as, if not better than, operative treatment, while there is no resulting mutilation beyond what the growth has already induced. This applies also and with particular force to growths involving Stenson's duct. The injury to vessels, etc., from an operation in this region, the difficulty of the technic and peculiar liability to recurrence were reasons which justified him, he thought, in applying roentgenotherapy alone in a case of this kind, still in an operable stage. The results have justified his confidence. The ultimate outcome with or without operation depends in reality on the individual virulence of the cancer and whether or not it is inclined to spread, and these two factors we are unable to determine exactly beforehand or to influence. He has four patients free from recurrence from five to fifteen years after vaginal hysterectomy for advanced uterine cancer, while other much more promising ones have succumbed to prompt recurrence. He declares further that if he or any members of his family develop cancer in the antrum or larvnx or external genitals, he will reject operative treatment and trust in radiotherapy alone. Even in apparently the most desperate inoperable cases remarkable results are sometimes obtained.

Radium Treatment of Uterine Cancer.

Dr. L. Adler, in Monatsschrift fur Geb. Berlin, says he operates in all operable case but when this was not possible he has found radium treatment of great benefit. The technic is strictly individualized, the dosage moderate. In the last few months he has made a practice of prophylactic exposures after operating. He begins it about the tenth day, continues at four weeks' intervals, using at most 50 mg. at a ten hour sitting. He makes a point of testing the susceptibility of the patient, placing on the skin capsules with varying amounts of radium and with various filters, thus determining the individual erythema dose. As much of the inoperable growth as possible is removed, and then after an interval of two or three days, five exposures are made, each for twelve hours, the intervals between the exposures ranging from twelve hours to several days according to the local and general reaction. A second and third series are then given after suspending for three or four weeks. The amount of radium used varied from 29 to 50 mg.

Thirty-four patients have been given radium treatment on these principles, and of the 18 who completed the course, one has died since from abscesses in the lungs; 3 were not benefited or merely improved, but the 14 others are clinically cured. This includes 9 cases of cancer of the cervix; 2 of the body of the uterus; 2 of the rectum and 1 of the vagina. All were inoperable except in one case in which the patient had refused an operation; it was contra-indicated by severe diabetes or observe where the service of the cathers.

obesity plus age in the others.

County Medical Societies' Reports

BERGEN COUNTY.

Fred S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, June 8th, at 8.15 P. M.

President Dr. Frank Freeland occupied the chair. Twenty-seven members and several

guests were present.

The society will not meet again until September. We have held ten regular meetings during the year and several special meetings, all of which have been well attended. Our Scientific Committee deserves mention, they have provided high-class programs for each meeting. We have had papers from men well known in their respective fields, and papers and reports of cases from our members. Several of the papers have been published in the State Journal.

The following was the Scientific program.

Drs. C. A. McWilliams and Harold Barclay, N. Y. City. "Intestinal Stasis and Auto-Intoxication; Its Surgical and Medical Treatment."

cation; Its Surgical and Medical Treatment." Dr. J. A. Maclay, Paterson; "Contusions of

the Abdomen."

Drs. Joseph Payne and T. A. Dingman: "Mistaken Diagnosis of Cancer of the Pancreas."

The papers were discussed and after a social session the meeting adjourned.

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The regular meeting of Burlington County Medical Society was held Wednesday, June 9th, 1915, at the Inn, Brown's Mills-in-the-Pines.

Dr. Irvin N. Keim, Mt. Holly, and Dr. E. B. Peace, Florence, were elected to membership.

The following was the Scientific program.

"A Consideration of the Factors Entering into Causes of Frequent Micturition," by Dr. Elwood R. Kirby, Philadelphia, Pa.; "Difficulties Encountered in the Treatment of Gonorrhea," by Dr. James MacFarland, Burlington, N. J.

After a good dinner the society adjourned to meet at Burlington in October. The society had as their guests Dr. Daniel Strock and Dr. W. H. Iszard, of Camden.

CAMDEN COUNTY.

Edward B. Rogers, M. D., Reporter.

A special meeting of the Camden County Society was held at the Camden City Dispensaly, June 4, at 12.30 P. M., to take suitable action upon the death of one of our members—Dr. Henry H. Sherk, and also upon the death of Dr. Neal Robinson, of Monrovia, California, a former member, who has since leaving the State has been an honorary member of our society. Suitable resolutions were adopted. Those in regard to Dr. Sherk are sent herewith for publication in the Journal.—(For these resolutions see under death notices page.—Editor.)

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter. The regular spring meeting of the Sussex County Medical Society was held at the Cochran House, Newton, on May 25, 1915. The meeting was called to order by the President, Dr. Thomas R. Pooley, Jr. There was a good attendance of members of the society. The usual order of business was observed.

Drs. J. G. Coleman, of Hamburg, and F. P. Wilbur, of Franklin, made a report of an interesting case of complete blindness due to the inhalation of the fumes of wood alcohol. This patient, on admittance to the hospital, could only distinguish daylight from darkness. He was put on increasing doses of strychnine reaching two-thirds of a grain daily; then he had typical symptoms of strychnine poisoning, convulsions, etc. Under this treatment the eyesight of the left eye was very much improved, but there was little improvement in the right eye; the dose was reduced and again gradually increased to two-thirds of a grain daily, when convulsions again occurred, sight then grew less and less until complete blindness ensued.

Dr. T. R. Pooley, Jr., then read a paper on "Loss of Sight Caused by Wood Alcohol." He gave the etiology, pathology and symptoms of same, also cited the history of several cases. The paper was of great interest and was generally discussed by the members present. elder Dr. T. R. Pooley, Sr., discussed the paper somewhat in detail, giving a full history of the literature and causes of the disease and entering fully into its pathology. It was voted by the society to have an abstract of the paper published in the county press to give the public reliable information on the use of this very dangerous compound. It was suggested that measures be taken by the State Poards of Health to have the sale of this article proscribed in the arts and manufacture, as there is now indisputable proof of its dangers to life and to the eyesight of those handling it. After this discussion nearly every member gave a report of some case in his practice, which was earnestly discussed pro and con. The meeting was very interesting and instructive and everyone departed feeling that they were well repaid for being present.

The subject of cancer having been given special consideration in this issue of the Journal and so much matter having been prepared and received at a late date, we are compelled to defer insertion of the lengthy reports of the Essex, Middlesex, Morris and Somerset societies until next month.—Editor.

Local Medical Societies.

Mountainside Hospital Clinical Society.

William Nelson Harrison, M. D., Secretary. The annual meeting of the Mountainside Hospital Clinical Society was held at the hospital Thursday, June 3rd, 1915. Nineteen members being present.

The annual reports of the treasurer and

sccretary were read and accepted.

The following officers for the ensuing year were elected unanimously: President, Dr. Ralph Opdyke; vice-president, Dr. W. N. Harrison; secretary-treasurer, Dr. W. S. Macdonald.

Dr. Stella S. Bradford reported a case of Kraurosis Vulvae with malignant degeneration.

Drs. W. B. Mount and Seidler reported a case of Filariasis Nocturna with chyluria.

Dr. W. H. Areson presented a patient on whom he had operated for a ruptured Quadriceps Extenser Tendon.

Drs. J. T. Hanan and W. F. Seidler gave a clinical history and pathological report of a case of Chronic Nephritis with thrombosis of the coronary artery, lobular pneumonia and plumonary oedema.

The Society then adjourned until the first Thursday in October.

Practitioners' Society of Eastern Mammonth.

The thirteenth annual dinner of this society was held June 10 at Ross-Fenton Farm at Deal. Thirty physicians were present. The paper of the evening on "The Relation of the Internal Secretions to Rheumatism and the Rheumatic Diathesis" was read by Dr. Henry R. Harrower of New York. The committee on dinner was Drs. Field, Rafferty and Welch.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary

The regular monthly meeting of the Summit Medical Society was held at the Highland Club on Friday, May 28th, 1915, at 8.30 P. M., Dr. W. J. Lamson entertaining and Dr. W. H. Lawrence, Jr., in the ehair.

All the members of the society were present except Drs. Gorton, Rockwell and T. Y. Sutphen.

The following gentlemen were present as guests of the society: Drs. Brown and Seidler, of Montclair; Chamberiain and Adams, of Orange; Griswold, Glazebrook and E. B. Sutphen, of Morristown.

Dr. James R. Bramley, of Summit, was unanimously elected to membership, thus completing the membership roll of the society.

The Committee on By-Laws requested a special meeting be held on the first Friday of June, at 4 o'clock, at Overlook Hospital. On motion it was unanimously decided to call such a meeting for consideration of the by-

On motion of Dr. R. H. Hamill it was deeided to omit the regular June meeting.

On motion of Dr. T. P. Prout it was decided that the annual dinner of the society should be held on the second Friday of September, in order not to interfere with the regular scientifie meeting of the month.

The paper of the evening was read by Dr. James S. Brown, of Montclair, on the subject, "Are Fractures Being Badly Treated?" Dr. Brown illustrated his talk on the subject with X-ray pictures, showing some bad results obtained both by himself and others in the treatment of fractures, and he emphasized facts that a general practitioner should not treat fractures and that the open method of treatment would give good results if the Lane technique is perfectly carried out. We must realize that there is a great difference between bone surgery and soft tissue surgery, and that there is also a marked difference between the results obtained in fractures of ehildren and in those of adults.

The meeting adjourned and refreshments were served.

Washington Medical Society.

The Washington Medical Society held its monthly meeting April 23, at the home of Dr.

S. B. English, superintendent of the Ney Jersey Sanatorium for Tuberculosis at Glen Gardener. The host gave a paper on "Clinical Experiences with Tuberculosis." The guests inspected the sanatorium and saw some of the cases now under treatment.

The Bayonne Medical Society report will appear next month.

Society for the Relief of the Widows and Orphans of Medical Men of New Jersey.

The Board of Trustees of the above society has printed its 33rd annual report and calls attention to the fact that the permanent fund has grown to the amount of \$15,497.23.

With a membership of 400 there has been one death during the year, which speaks well for the health of the members.

The income of the permanent fund amounting to \$651.85 can be used to help widows and orphans of deceased members who are in need of funds, but has been taken advantage of by very few. It is hoped that members coming in contact with instances of this kind will communicate with the secretary, Dr. C. D. Bennett, Newark, N. J.

Any physician residing in New Jersey is eligible for membership; invitation to join is not necessary, and the secretary will gladly send application blanks and descriptive literature if requested to do so. The assessment of one dollar at the death of a member is not a hardship and the benefits-amounting to \$300-are oftentimes greatly appreciated by the deceased physician's family. Many physicians have their funds invested in realties which take months to liquidate and in case of death the family is oftentimes sorely in need of ready cash. The benefits of this society are paid immeiately and may tide over a very embarrassing period.

To non-members this is intended as an appeal for help. If you do not need the benefits are you not willing to assist a brother physician's family who might be in need of it? The society is the only purely fraternal organization in the State, and is worthy of the co-operation of all physicians in New Jersey.

Miscellaneous Items.

Appropriations for Cancer Research in Germany .- The Prussion department of education has petitioned the legislature for a continuance of the appropriation of $25,000~\mathrm{marks}$ (about \$6,250), which for six years has been granted for cancer research, on condition that private subscriptions would double the amount. This has always been done, and the private subscriptions are already assured for 1915. The appropriation is devoted mainly to the cancer research work being done under Ehrlich's supervision.

Physicians Fill Pulpits. — Sixty physicians spoke from the pulpits of Cincinnati ehurches May 2, the day before the opening of the Ohio State Medical Association. The plans for the placing of the speakers were made by the religious work committee and the executive secretary of the Federation of Churches.

THE JOURNAL

Medical Society of New Jersey

JULY, 1915.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor, New Brunswick, N. J.

Each member of the State Society is entitled to re-

ceive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter peraining to the business management of the Journal hould be addressed to

WILLIAM J. CHANDLER, M. D., South Orange N. J.

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OUR ANNUAL MEETING.

The 140th annual meeting at Spring Lake this year was one of the best the Society has ever held, the attendance exceeding that of last year. We missed, however, several of our active workers who are enjoying their vacations in California, Honolula and other distant places. The address of President Gray and Third Vice-President Schauffler and the Orations in Medicine and Surgery by Drs. Paton and Dickinson respectively were excellent, as were all the scientific papers and discussions. The reports generally were encouraging, showing good work done and wise planning for the future; their recommendations were approved. The report of Secretary Gray gave evidence of untiring and faithful work; the report of Treasurer Mercer showed a large balance on hand; the membership is considerably enlarged; the banquet and post-prandial speeches were exceedingly entertaining and inspiring.

The social functions were enjoyed by all, more than 100 ladies adding largely, as usual, to this delightful feature of the meeting; the New Monmouth Hotel, recently enlarged and beautified, proving, as heretofore, an ideal place for such gatherings. The Committee of Arrangements for the Sesqui-Centennial anniversary of the Society next year, in its report showed that plans are being devised to make the celebration one worthy of the age and honorable record of the Society—the oldest State

Medical Society in the country—and the Society unanimously endorsed its recommendations.

The Association of the Secretaries and Treasurers of the county societies, gathered about the breakfast table Wednesday morning, Dr. G. T. Tracy, presiding. ports received from the various societies were exceedingly encouraging, showing new and increased life and better planning for efficiency and advance.

The Editor returns his sincere thanks for the kind words spoken concerning the Journal and for the substantial encouragement given him in his efforts to make the Journal better.

We regret that we have been compelled to defer the insertion of several able papers and some of the County Society reports until the August issue of the Journal, because we agreed to make our July issue very largely a "Cancer Number," joining thus most of the other medical journals in the Nationwide campaign for the reduction, eradication and prevention of cancer.

CANCER IN NEW JERSEY.

We had in preparation an editorial on cancer, dealing with its increasing prevalence in our State and urging the great importance of every possible effort to lessen its ever-increasing death rate, through proper treatment of pre-cancerous lesions, the early diagnosis and the medical and surgical treatment of cancer in its early stages, but lack of space and the fact that this issue of our Journal contains so much from abler writers on these phases of the subject, compels us to confine our presentation of the subject to the one matter of the prevalence of cancer in New Jersey. We call the attention of our readers, however, to one point suggested by reading Dr. Payne's paper—on pages 331-335—the unsatisfying and often misleading information we get from radiographs and sometimes from laboratory reports and the difficulty of rightly interpreting radiograms in making our diagnosis. We give below the age periods of deaths from cancer and the organs affected, according to the reports of the State Board of Health. We are ird bted to Mr. David S. South, the very efficient State Registrar for much of the statistical matter we present.

The prevalence of cancer in our State and its constant increase is shown by the fact that the death rate from cancer in 1881 per 10,000 was 3.88; in 1891 it

was 4.34; in 1901 it was 5.34; in 1911 7.42, and in 1914 it was 7.77; or in other words, the death rate doubled in 34 years.

The number of deaths from cancer in New Jersey each year from 1879 to the present time has been as follows:

1879, 378; 1880, 425; 1881, 451; 1882, 402; 1883, 461; 1884, 484; 1885, 498; 1886, 546; 1887, 574; 1888, 612; 1889, 579; 1890, 640; 1891, 642; 1892, 688; 1893, 723; 1894, 731; 1895, 770; 1896, 811; 1897, 857; 1898, 852; 1899, 946; 1900, 921; 1901, 1,042; 1902, 1,031; 1903, 1,132; 1904, 1,125; 1905, 1,282; 1906, 1,389; 1907, 1,466; 1908, 1,535; 1909, 1,663; 1910, 1,838; 1911, 1,942; 1912, 2,026; 1913, 2,120; 1914, 2,216. In 1915 the number thus far is in excess of that of 1914.

The above figures show that the number of deaths from cancer have more than doubled

during the past 12 years.

The following shows the number of deaths from cancer per 10,000 inhabitants in the different counties in the year 1912: Atlantic, 8.74; Bergen, 5.63; Burlington, 7.01; Camden, 8.01; Cape May, 7.25; Cumberland, 8.02; Essex, 7.02; Gloucester, 8.31; Hudson, 9.06; Hunterdon, 8.22; Mercer, 6.38; Middlesex, 5.98; Monmouth, 7.88; Morris, 8.09; Ocean, 6.52; Passaic, 5.11; Salem, 6.31; Somerset, 3.88; Sussex, 6.39; Union, 6.35; Warren, 6.96.

The deaths from cancer by age periods for

12 years have been as follows:

Under one year, 26; 1 to 10 years, 118; 10 to 20 years, 96; 20 to 30 years, 300; 30 to 40 years, 1,203; 40 to 50 years, 2,924; 50 to 60 years, 4,480; 60 to 70 years, 4,538; 70 to 80 years, 2,871; over 80 years, 902; not stated, 14.

Surely every physician in the State of New Jersey should be engaged in the great campaign that is being waged against this most destructive disease which has baffled the profession's study as to its etiology, and its best efforts to eradicate it or even to arrest its progress. It is the duty of every physician to know the facts and needs and then to educate the public as to the great importance of using every known method of prevention, especially through attention to and the proper treatment of pre-cancerous lesions.

CANCER.

To one historically inclined, who loves to read into the literature of the past and to think himself back in the past centuries, the study of cancer holds a great deal of interest. When we approach it, no matter from what aspect, our attitude is very much that of the ancients towards most medical problems. The mind is shackled, and we find ourselves possessed of observations only. We are acquainted with numerous facts concerning the disease, but they are entirely disconnected, none leading up to a complete knowledge of the cause. It is our only mediæval problem. With the im-

mense amount of money put into the research laboratories, with the efforts made by clinicians and histo-pathologists, we are seemingly no nearer the broad truth than the profession was a century ago.

We are told the very first change in the structure of an organ indicating a cancerous process is signified by three condition: The cement between the cells softens and becomes more liquid; the pseudo-podia which connects cell with cell, through the cement retract, allowing the cell to float loosely, as it were, in its surrounding fluid; and, strangely, the basement membrane which is mesodermic opens. The cells take on amoeboid movement, pass through the foramena in the subepithelial tissues, and malignancy begins.

But this is not strictly local. Any organ where this condition is found will sooner or later permit of these changes through its entire structure. Where the cancerous process is proceeding we see a tendency for the cells all through the organ to revert to an embryonal or, perhaps, pre-embryonal condition. This is carcinoma. All subsequent conditions or appearances are phe-

nomena of sequelæ.

In order to come as close to the reason for this peculiar reversion, one must study conditions which are more commonly associated with it, as well as conditions which exist where cancer is seldom or never found.

Cancer seems to be associated with what is known as civilization. It seems to be connected with the ways of living of which we are most proud, or which are accepted as proper to the best standards of modern life. There is certainly nothing morally or dietetically wrong in the eating of meat. Pretty much the whole world partakes of it. but we find in countries where meat is scarce and seldom, if ever eaten, cancer is practically unknown. Whether it is the substance of the meat or whether it is the result of the decomposition of the high proteids, the fact remains the same, that meat-eaters are more prone to this disease, while vegetable-eaters are not.

Those who live a full life, mentally, socially, or maternally, seem predisposed. It is more commonly found in those of high intellect, or thoroughly differentiated nervous systems, people of high refinement, who are mentally and physically active, more particularly among those who live the proper social life in communities, and in those who do their duty to their race in bringing forth the young. There is not a case on record, so far as we can determine, of an idiot or an imbecile being affected with carcinoma. A search into the records of numerous asylums fails to find any such. He who has been incarcerated for life in our prisons, is said to be exempt. A prostitute rarely ever suffers with cancer.

A scourge, as the disease may be, it has its association with conditions which should bring us a blessing rather than pain and

misery.

There is a continual warfare between what we might call the soul-plasm and the germ-plasm. We worship the former. Nature demands a recognition of the latter. May we not have strained the proper relation between the two by over-refinement, through developing the moral tone, and through higher education, forgetting the fact that our bodies are linked to the natures of the barbarians? The sanitation of the body demands that at times, at least, we fall back to nature. In the rush and push for life, and in the endeavors to realize high standards is not nature being insulted, and is she not resenting it?

Does not all this suggest that in the tension of our life there may be either an internal secretion or an elimination of some substance acting as an auxetic, whether from the brain or portions of the nervous tissue, or from the body as a whole, which deleteriously affects the tissues that are prone for some selective reasons to break down under the strain. What can it be but the result of some blood state in a locality where chronic irritation acts as the primary factor in disturbing tissue equilibrium?

The treatment of the day is rude—it is mutilation. A barber surgeon of a few centuries ago taught that eventually cancer would be cured by injections. So far, all treatment has been followed by failure, but the time may possibly come when a proper treatment of the blood, associated with some sensible sanitation of the body will be the solution of the problem.

—G. K. DICKINSON.

CANCER CONTROL.

The menace of cancer has become an all absorbing topic with many earnest people, both lay and professional. Life insurance people are alive to the subject and are using their efforts to get at an understanding. The increase is unquestionable. The control of this malady is hampered by our absolute ignorance as it to its primary causation.

The writer of this has just been permit-

ted to look over the proofs of the first chapters of a work to be published by Mr. F. L. Hoffman through the liberality, far-sightedness and public spiritedness of the Prudential Insurance Company of our State, on the "Statistical Aspect of Cancer." It promises to be a scientific work of tremendous value and is published for gratuitous distribution to the large libraries of this and foreign countries.

Mr. Hoffman has spent much time and thought on this forthcoming work. He probably knows more of the statistical end of cancer than any other living person. Cancer, like all questions pertaining to the human race, has an important bearing on life insurance and must be considered.

Societies for the control of cancer are springing up in all civilized countries. Our American society has, for the present, set its aim to instruct the laity in the recogni-

tion of its earliest symptoms.

On another page will be found a note speaking of a grant by the German Government of 25,000 marks for 1915, which is to be doubled by private subscriptions. This fund is put at the disposal of Professor Ehrlich. The importance of the work can be estimated if a country in the throes of so tremendous a war can still find funds for it.

Our own doctors must not be found wanting, in recognizing the earliest symptoms of cancer since salvation rests with that, as we understand it at present. If we do not recognize these symptoms the people generally will hold us to account. Prominent physicians all over the country have joined this movement. Among them we find Professors Bloodgood and Cullens, of Baltimore; Dr. Robert Abbe, Prof. James Ewing, of New York; Dr. Wm. J. Mayo, Dr. Lewis S. McMurtry and others. Instructors and lecturers are being sent all over the country to talk to the common people on these early symptoms.

For ourselves, as doctors, it is important to carefully examine every nodule or lump that is presented to us. We must always have the question of cancer in our mind. Abnormal discharges should ever be looked upon as suspicious. In the female bloody, watery discharges are most significent. Bloody watery discharges after the menopauses are almost without exception due to cancer. Beware of waiting for pain or foul discharges, or loss of flesh. They are all late symptoms and usually mean a hopeless case. Ovarian neoplasms, no matter how small, should always be removed early, for eight per cent, of what seems to

be benign growths prove to be cancerous. Tumors fixed in the breast gland should have our careful attention.

Increasing meutal disturbance, severe headache, eye and paralytic symptoms should be carefully investigated. This is a new field and there are but few of us who have had a chance to study many cases. It is to these few that suspicious cases should be referred for an opinion. In many cases the most expert will fail unless he be given an extended trial for observation, so ob-

Sores, other than on the legs, that are not showing a tendency to heal, deserve our attention. Sores about the lips and white patches in the smoker's mouth are ever

scure are many of these cases.

suspicious.

Our knowledge of the very early symptoms of cancer of the stomach and intestines are still so obscure that these diseases rarely come to us before hope is gone.

Constant study will help us in this line. The perusal of this month's Journal will help greatly to elucidate for many of us questions of cancer.—E. J. ILL.

"LINE UPON LINE."

Who can say and what can be said that is absolutely new and proven on that most pressing subject—the "cancer problem?" Practically no one and nothing.

There are, however, some old and proven matters concerning this portentious question which can be said and cannot be said too often; that can never become trite, because of their vital importance; not at any rate until the "cancer problem," perchance, is solved by some new and

positive discoveries.

These old and proven facts are are first; that there are certain pre-cancerous conditions which are positively curable and are too well recognized to require recital here; next, that there is an incipient stage of cancer when the disease is curable in a large percentage of cases; again, that there is a stage when no cure can be expected; and finally that, in the present state of our knowledge, the only hope of radical cure consists in an early and thorough surgical removal.

In spite of hopeful, but as yet unproven, methods of attack this is all that we know, and knowing just so much and no more, it becomes our duty, as practitioners of preventive and curative medicine, to preach it to the people who do not know or who do not know so well, or who, in spite of knowledge, are apathetic concerning their own possible fate.

I hear some reader say "this is hackneyed." No, my friend, it is not; nothing is hackneyed that conserves the life and health of human beings. So, I say, that these few fundamental and established facts should be reiterated "line up line, precept upon precept," until mortality rates from cancer are vastly reduced or altogether obliterated.

We must recognize two great classes of disease: One the communicable, which must be fought through *public* sanitation and hygiene; the other, degenerative, which must be attacked through *personal*

hygiene.

Cancer belongs to this class, and if we would lessen its mortality we must educate, educate and then educate some more, the public, in regard to the importance of early discovery of cancer—or better still, of its possible precursors. We must at the same time make them understand that in only one direction lies possible safety—immediate surgical removal. This campaign must be made by each physician, personally, as well as by the various medical organizations, and it must be persistent to be effective.

In some of the New England States where cancer is somewhat more prevalent than elsewhere in this country, such a vigorous anti-cancer campaign is now being waged. Why shall Jersey not fall in Line?— F. D. GRAY.

We call special attention to the article by Dr. W. H. Axford, of Bayonne, on page 349, concerning the latest mode of cancer treatment — The Autolysin Treatment. The patients whom he presented at Spring Lake when he explained this method of treatment, certainly showed very marked improvement under its use, but it will be noted that Dr. Axford speaks as a scientific physician, making no extravagant claims, but rather insisting that this method is in its experimental stage. In a letter to the editor he says: "It is very necessary during this period of experimentation that exact and official information should be given only as authorized by those who are carrying on the work," "We are anxious to be most accurate.

The delay in finding the cause of cancer is most discouraging, but perhaps some obscure country doctor like Jenner or Finlay will hit upon the proper correlation of the facts to be dug out by the research people. In the meantime the surgeon must be depended upon, and he will fail unless we get the patients to him early enough.

As a side thought it might be well to find out whether it is possible to turn an inoperable cancer into a benign form like mouse-cancer which does not cause cachexia, but if unchecked in growth destroys mechanical interference. might check such growths even if we can-The appalling mortality not cure them. certainly warrants much more study than has been accorded the disease. Early diagnosis is now as great a need as to convince the public of the necessity for early operation. So let the search for the cause occupy our laboratories with renewed enthusiasm. It is not too optimistic to state that the discovery of the cause is not far off, and we will then devise methods of cure. The disease is destined to be removed from the domain of surgery.

—American Medicine.

THE AUTOLYSIN TREATMENT FOR CANCER.*

By W. Homer Axford, M. D. Bayonne, N. J.

Having been associated with Drs. Beebe and Beveridge in their experimental work on malignant growths, I am here to present briefly for your consideration the subject of cancer—a malady with which the medical profession has waged strenuous warfare for many centuries past—a malady whose death rate aggregates 75,000 annually in this country.

In a recent issue of the New York Medical Journal there appeared an article by Prof. S. P. Beebe, of the General Memorial Hospital and Cornell Medical School, which was the first announcement of a new method for treating inoperable, malignant growths.

This paper briefly cited a number of cases with details as to progress made—in numerous instances to the point of a complete clinical recovery. The name suggested as applicable to this method of procedure does not apply to any of the active principles contained in the extract as such, but is descriptive of the action to a certain extent of the cellular destruction, which is hereafter to be termed "Autolysin."

Dr. Beebe's report and this paper as well, are to be considered as a preliminary announcement of what has so far been accomplished, and final judgment upon the

merit of its value in ameliorating inoperable cancer by the use of autolysin must be left to the future for ultimate conclusions.

We are all more or less familiar with the accepted methods of treating cancer. Many suggestions have been made from time to time, especially for the treatment of superficial epitheliomas, most of which have fallen into disuse, and long since been discarded as of little or no value. Until the X-ray entered the field, later followed by the introduction of radium and mesotherium, escharotics, the cautery and fulguration were given the precedence in such Since the X-ray entered this treatment. difficult field it has superceded almost all other methods and has taken a firm place in medical therapeutics, having been given further possibilities by the discovery of the Coolidge tube, which permits a more ascurate determination of the exposure and dosage.

While on the other hand, radium has been exploited as the only means which would effectually overcome the damage done by uncontrolled cancerous growths, and completely obliterate their progress. Unfortunately this has not been borne out by clinical observation.

The X-ray can accomplish all that radium is capable of doing with a greater degree of safety and will give more permanent results, particularly in superficial epitheliomas with unindurated edges and in some types of bone sarcoma, as proven by Pfahler of Philadelphia and Quimby and myself in New York,

Having briefly touched upon the more or less limited possibilities of these accepted methods of treatment, it is an undisputed fact upon which I am sure we will all agree, that surgery is our first, best and most satisfactory of all methods in combating the beginning primary foci of any malignant lesion that may invade the human body. This is true only in primal malignancy. Surgery does not seem to give much promise in recurrent epithelioma, sarcoma or carcinoma, where the lymph nodes and other secondary involvements have occurred. It has been estimated that about 75 per cent. of all cases, no matter what course of treatment has been pursued, will ultimately reach the inoperable stage. Such cases only are to be considered.

All research work has striven universally toward one end—destruction of malignant cells without damage to normal cells—but as yet nothing has given real promise

^{*}Presented, with several patients who had undergone this treatment, at the 149th annual meeting of the Medical Society of New Jersey, Spring Lake, June 23, 1915.

of proving itself capable of causing uniform results in the human organism until Alexander Horowitz's remarkable work in biology lead him to the threshold of an apparently new field in chemotherapy research, which has made it possible for Drs. Beebe, Beveridge and their associates to accomplish results heretofore unattainable in the treatment of inoperable cancer.

Doctor Horowitz's studies on animal cell growth have shown that they can be materially affected by active principles taken from plant life, that when certain elements of the vegetable kingdom are extracted to obtain the active principles contained therein, the product thus created has the distinct function of inhibiting the growth

of an abnormal cell.

Dr. Horowitz was trained in Austria at the University of Buda-Pesth, and since coming to this country has been under the guidance and instruction of Dr. Beebe, Prof. of Experimental Therapeutics. The development in the technique for the administration of Autolysin was perfected by Drs. Beebe and Beveridge. Through the courtesy and co-operation of the General Memorial Hospital and the Polyclinic Hospital a splendid opportunity was presented for giving this method a trial.

The extract is administered hypodermically either into the tumor direct or subcutaneously and as we have further progressed, we have found it possible to ad-

minister it intravenously.

Neither Dr. Beebe, Dr. Beveridge or myself will at present enter into a discussion of the physiological action which takes place in the human system after an injection of Autolysin, but briefly it certainly has the power of increasing leucocytosis and lymphocytosis, accompanied by an increased supply of red blood cells to the malignant foci. And possibly through some medium in the blood stream is able to increase the resistance of the individual to the toxic effect of the cancer degeneration which is always absorbed during the progress of this disease.

When the difficult problem of the final stage in cancer is to be handled by the physician, too much care cannot be exercised in the statement that this or that method of treatment possesses extraordinary virtues. From my standpoint, conservatism in proclaiming the beneficial effects when suggesting the use of this treatment is most essential, reserving our final judgment until the knowledge and experience, which time only can afford, warrants the asser-

tion that this, the Autolysin treatment, is the greatest step known toward the amelioration of the suffering of the cancer victim. So far our clinical results warrant the assertion that more has been accomplished by this agent than by any other known remedy.

To Dr. Horowitz should be given the honor of first indicating to the medical profession this new departure in chemotherapy, and to Drs. Beebe and Beveridge should be given the credit of perfecting the ideas first evolved by Dr. Horowitz, whose work will undoubtedly prove a boon in the hands of those qualified to administer this active agent which spells death to cancerous tissue.

LATE NEWS ITEMS.

Medical Society of New Jersey.

The following officers were elected, June $23 \, \mathrm{rd}$:

President—Dr. William J. Chandler.
First Vice-President—Dr. Philip Marvel.
Second Vice-President—Dr. W. G. Schauffler
Third Vice-President—T. W. Harvey.
Recording Secretary—Dr. T. N. Gray
Corresponding Secretary—Dr. H. A. Stout.
Treasurer—Dr. Archibald Mercer.

American Medical Association.

The following officers were elected by the House of Delegates on Thursday) June 24, at

San Francisco, Cal:

President, Dr. Rupert Blue, U., S. Public Health Service; first vice-president, Dr. Edgar A. Vander Veer, Albany, N. Y.; second vice-president, Dr. George B. Evans, Dayton, Ohio; third vice-president, Dr. Donald Campbell, Montreal, Canada; fourth vice-president, Dr. Herbert C. Moffitt. San Francisco, Cal.; secretary, Dr. Alexander R. Craig, Chicago; treasurer, Dr. William Allen Pusey, Chicago; trustees, Drs. M. L. Harris, Chicago; William T. Councilman, Boston; Thomas McDavitt, St. Paul.

The next annual session will be held at Detroit, Mich., in 1916.

Osiris Prize for Medical Discoveries.

Daniel Osiris, the philanthropist, who presented Malmaison to the French nation, gave into the keeping of the Institute of France, in 1899, a sum representing an annual income of about \$6,500 for a triennial prize open to all countries for the most remarkable work or discovery of general interest. The French Institute has announced that the Osiris prize, which amounts to 183,000 francs (\$36,600), because no award was made in 1912, has been awarded chiefly for discoveries in medicine. Drs. Chantemesse and Vidal, discoverers of anti-typhoid vaccines, will divide 50,000 francs (\$10,000), while an equal amount will go to Dr. Vincent, whose researches resulted in the finding of ether vaccine. Ambulances will get 60,000 francs (\$12,000), and the remainder is placed in reserve.

Major-General Gorgas.—For the first time in our history a physician holds the rank of major-general. Regenerator of Havana, preserver of the Panama Canal, surgeon-general of the army, president of the American Medical Association, scientific physician and knightly gentleman, congress could honor General Gorgas only by creating a new precedent. In fitting company with Goethals, who dug the canal, stands Gorgas who kept the men alive while they dug it. With this new rank goes the thanks of congress and a life appointment as surgeon general.

Dr. Frank W. Pinneo, Newark, and wife are spending their vacation in New England.

Dr. Van Alstyne H. Cornell, Trenton, will be at the New Monmouth, Spring Lake, until September 10th.

Dr. Arthur J. Casselman, Camden, received the degree of Doctor of Public Hygiene on June 16, from the Medical Department of the University of Pennsylvania.

Dr. John H. Moore, Bridgeton addressed the high school graduating class at the commencement exercises June 17.

Dr. Alexander McAlister, Camden, was honored on June 15 by his election as president of the State Board of Medical Examiners for the ensuing year. This is one of many honors the doctor has received in recognition of his services to the profession and the public.

Dr. Stanley R. Woodruff, Bayonne, and wife, left on June 16 for a six-weeks' trip to California. They will attend the A. M. A. meeting and visit the Exposition and stop at several points en route homeward.

Dr. George H. Sexsmith, Bayonne, made a strong pleat for a new playground for the city's school children.

NEW JERSEY STATE MEDICAL LAW.

Abstract of the Law Passed in 1915.

We give the following abstract of the law in order that physicians who are consulted by young men who are considering the question of entering upon the study of medicine, may be enabled to properly advise such young men as to the education requirements of the law.— Editor.

A. From and after the first day of July, one thousand nine hundred and nineteen, no person shall be admitted to examination for license to practice medicine or surgery, unless he shall present to the said board a certificate form the Commissioner of Education of this State, showing that in addition to, and subsequent to, obtaining the preliminary and academic education above mentioned, i. e. an academic education consisting of a four years' course of study in an approved public or private high school, or the equivalent thereof, and prior to commencing his or her study in a medical college, he or she has completed a satisfactory course of one year in a college or school of art or science approved by the Commissioner of Education of the State, during which year he or she has studied either French

or German, and also chemistry, physics and biology.

B. From and after the first day of July, one thousand nine hundred and twenty, no person shall be admitted to examination for license to practice medicine or surgery, unless he shall present to said board a certificate from the Commissioner of Education of this State, showing that in addition to, and subsequent to, obtaining the preliminary and academic education mentioned in the first paragraph of this section and prior to commencing his or her study in a medical college he or she has completed a satisfactory course of two years in a college or school of art and science approved by the Commissioner of Education of this State, during which two years he or she has studied either French or German; and also chemistry, physics and biology.

C. Every applicant for admission to examination for a license to practice medicine or surgery shall, in addition to the above requirements, prove to said board that he has received a diploma conferring the degree of doctor of medicine from some legally incorporated medical college of the United States, which colege, in the opinion of said board, was in good standing at the time of the issuance of said diploma.

After the first day of July, one thousand nine hundred and sixteen, such applicants shall, in addition to the above requirements, further prove to said board that after receiving such a degree, diploma or license, he has served as an interne for at least one year in a hospital approved by said board.

This board will not consider a course of lectures in which the applicant has been conditioned in more than one subject satisfactory, unless these conditions shall have been passed off before entering a subsequent course. If the student be conditioned in a number of subjects sufficient to prevent him advancing to a higher grade in the same college, that year will not be considered as one of the four courses required by this board, even though at another college he be allowed to enter an advanced class; but he must take that entire year over, whether at the college where he failed or at another one.

THE FEDERAL ANTI-NARCOTIC LAW.

Physicians are reminded of the fact that the present license taken out under this law expires on July 1 next and that the tax of one dollar for the renewal of this license for one year should be sent before that date to the local Collector of Internal Revenue. According to a recent ruling from Washington, the words "synthetic substitutes," as used in this law, are held to apply to any artificial substance or preparation which is or may be substituted for cocaine, alpha or beta eucaine, or any of their salts as ordinarily prescribed or used, and not necessarily to a purely synthetic substitute which, chemically, is identically the same as the drug for which it may be so substituted. Further, both the title and the Sec. 1 of this law include "opium or coca-leaves or any compound, manufacture, salt, derivative, or preparation thereof," and, under a liberal interpretation of the word "derivative," a chemical point of view, the several cocaine substitutes would also be clearly included.

We advise every physician to get the law and know its requirements.—Editor.

Good Legislation .- It is the duty of the government so to legislate as to make it easy to do right and difficult to do wrong.-Gladstone.

THE SEPTIC FACTOR IN CANCER.

From an address by Dr. W. J. Mayo, of Rochester, Minn., on "The Septic Factor in the Three Plagues—Syphilis, Tuberculosis and Cancer," published in the Mich. State Med. Soc. Jour., May, 1915.

Much of the weakness and suffering of cancer is due to associated sepsis and much of the pain comes from septic infection. In the later stages and especially, where the cancer has spread to other parts of the body, nerve pressure may be the cause of very severe pain as in "paraplegia dolorosa." But the rule holds good that in the primary growth the action of septic bacteria on the necrosed tumor itself and the pyogenic infection of the surrounding tissue already sadly crippled by the malignant change are the causes of the greatest distress and hasten the death of the patient. In internal situations such as the liver, where the growth is not exposed to infection, the tumor may often reach large proportions and the patient dies without severe suffering. Gould found in the Middlesex Hospital, London, that careful attention to cleanliness and antiseptic measures gave so much relief that morphia was seldom required; even further, that patients could not only be relieved of the pain, but that the symptoms were so greatly ameliorated that they gained strength and flesh merely by scrupulous attention to cleanliness.

Bland-Sutton believes that the mortality following operations for cancer is to a great extent influenced by the amount of sepsis present and especially by the character and virulence of the invading bacteria. Cancer of the cervix uteri, by reason of the virulent streptococci present in its sloughing recesses, gives a high mortality following radical operation; and without question much of the benefit which follows the application of heat and radio-active substance in cancer of the uterus is due not only to the destruction of the growth itself but also to the destruction of the bacteria present. It is to be noted that the great mortality which has marked radical operations for cancer of the large bowel and rectum is due to septic complications. In fact it was the high mortality of primary resection of such colonic growths, especially those beyond the splenic flexure, which led to the two-stage operation of Mikulicz, Burns and Paul. In this procedure the diseased portion of the large bowel is lifted from its bed with the fat glands, and brought outside the body, and left to remain in this position until it heals in. The involved sigmoid may then be cut away and after the parts have been rendered reasonably sterile, continuity of the intestinal tract can be restored by an operation which is largely extraperitoneal. In this way the same result is obtained indirectly by first doing a colostomy and subsequently carefully cleansing the lower fragment for some days before doing the radical operation, again reducing the mortality one-half. So true is this that an apparently inoperable growth in the rectum, fixed and adherent, may often be so benefited following colstomy and cleansing as to become operable.

There is a type of cancer which is often called inflammatory—a foul, indurated ulcer, covered with sloughing material, with an extensive inflammatory zone, brawny and red in character. If operation is attempted in this codition, the patients are seldom cured of the disease. The lymphatics in the vicinity become loaded with cancerous material from the cut surface and spread to other parts quickly. If such a condition, however, is treated by slow coagulation with the actual cautery, the parts will become clean and healthy, the bacteria and cancer both being destroyed. When the induration and inflammatory zone have completely disappeared the entire area may be removed with plastic repair of the defect. In this way patients can be cured who would otherwise be hopeless.

I examined a woman recently who had been to us twenty years ago with a cancer involving the scar of a burn on the buttock received when she was a child. There was a sloughing, foul, indurated cancer and an inflammatory zone, altogether the size of a dinner plate. Under an anesthetic this was thoroughly cauterized with the actual cautery, charring it until a perfectly dry eschar was obtained. This was treated with dry boracic acid until it separated, which required several weeks. For fear some of the cancer might have been left, the entire area was then removed with the knife and skin-grafting done. Permanent cure followed. About the mouth the same conditions often obtain—red, brawny, tissue surrounding the cancer as a result of infection. Here the thorough use of the actual cautery, as advised by Ochsner, frequently prepares the field for successful operation.

Heretofore we have not given sufficient attention to the septic complications of cancer, especially in relation to preparing the field for operation. The extraordinary change which may be made in a growth by the removal of secondary infection (sepsis) must lead us to the conclusion that not only is sepsis a cause of serious symptoms to the patient, but that it is a most grave condition considered from the operative standpoint, and that the success or failure of an operation may depend as much upon the septic condition as upon the cancer itself.

We say that the cancer is malignant in proportion to the ratio of cells to the stroma the cells representing the cancer, the stroma the resistance of the patient. Many patients have comparatively little resistance to the cancerous cell, but react vigorously to a burn, throwing out an enormous amount of connective tissues which may strangle the few cancer cells that have not been destroyed by the cautery. It has been shown that the cancer cell, like all embryonic cells, is especially injuriously affected by heat, and that the difference between the normal cell and the embryonic cell of cancer in this respect is from 15 to 30 degrees. Based on this, Percy, using a rheostat and an electric cautery, has introduced a method for the application of heat by a slow cooking process, keeping within this marginal difference. In this way the heat, in

a manner, reaches out into the tissues and destroys the cancer cell beyond its injurious effect on the normal tissues. We are now applying the Percy method of infected cancers in all situations.

CANCER IN NEW HAMPSHIRE.

According to the New Hampshire State Health Department great advancement has been made in the knowledge of cancer and in what may be done greatly to reduce its mortality. In the Quarterly Bulletin for January, 1915, Dr. Irving A Watson, secretary of the State Board of Health points out that both the physician and the patient should realize that the early discovery and removal of this disease are of supreme importance. The only two methods of treatment worthy of serious consideration are said to be complete removal by the surgeon as soon as the growth is discovered, or, in case of superficial or so-called skin cancers, the use of X-rays or radium. But it is emphatically stated that these newer methods offer no reliable hope of cure except in the treatment of surface cancers. No paste or other preparation externally applied to deep seated cancers like cancer of the breast, for instance, is of any use whatever; but, on the other hand, may lessen the chance of life through delay in substituting this treatment in place of early removal by the surgeon.

Reiterating the supreme importance of early discovery and immediate operation Dr. Watson says that a delay to await more pronounced manifestations of cancer greatly lessens, if it does not entirely remove, the chance of successful treatment. For these reasons, the Bulletin goes on to say, "Persons of forty years of age and upward should be on guard to discover suspicious swellings, lumps, or sores, especially if painless (as cancer nearly always is in its initial stage). Any unusual condition of moles, warts, marks, etc., should be examined by a competent physician or surgeon without delay. If a cancerous growth is neglected until it becomes painful, the chances of successful treatment are greatly reduced, if not entirely lost. A lump in the breast barely discernible to the touch, not sore or painful in the least should arouse suspicion and professional advice should be sought at once. Likewise any abnormal discharge, especially if bloody, and any persistent sore spot on lips or in the mouth or throat should receive prompt at-

Dr. Watson reviews the statistics of cancer in New Hampshire from 1884 to 1913, and shows that there has been a steady increase in the number of recorded deaths from 210 in the first year to 453 in the last year of that period. The total number of deaths from cancer for the entire period of thirty years was 9,096. Of this number 3,075 were males and 6.021 were females. During the period reviewed the cancer death rate in New Hampshire increased from 5.93 to 10.42 per 10,000 of the population. Some people hold that much of the apparent increase of cancer is due to more correct diagnosis and better certification and statistics, but Dr. Watson does not believe that these factors alone account for the increase of the disease in New Hampshire.

The State Poard of Health has therefore joined in the efforts which are now being made

for the control of cancer by educational methods. The State Laboratory has also undertaken to assist the physicians in the early recognition of the disease by examining suspected cancerous material whenever submitted.

The American Society for the Control of Cancer has undertaken to conduct a national campaign of education in regard to this disease following the example and methods of the campaign against tuberculosis. The National Society is co-operating with State and local boards of health, medical societies, women's clubs, and other organizations in order to disseminate the latest knowledge about malignant disease. If the people of New Hampshire would carefully read and take to heart the sound advice given by the State Board of Health it may well be expected that the mortality from cancer in New Hampshire will begin to show a decrease.

CANCER OF THE SKIN.

A paper by Dr. H. H. Hazen, of Washington, D. C., read before the Medical Society of the District of Columbia.

Cancer of the skin is an unnecessary disease, for it always arises from a pre-existing lesion or abnormality of the skin. The lesions from which cancer may arise are numerous; the following are the most important. The senile or seborrheic wart; various types of keratosis, it always being remembered that ordinary corns and callosities do not become malignant,; cutaneous horns; pigmented moles which are subject to irritation; various types of naevi, chiefly the pigmented ones; scars of wounds which have not healed by first intention; sinuses; ulcers, but rarely leg ulcers; chronic skin diseases, of which the most important are tuberculosis, syphilis, blastomycosis, psoriasis and X-ray dermatoses; wens; subcutaneous nodules of uncertain nature, but most probably sebaceous gland infections or retention cysts.

There are several types of cutaneous cancer, first, the spinocelled cancers; second, the basocelled cancers; third, the adenocarcinomata; fourth, sarcomata; fifth, malignant pigmented moles; sixth, Paget's disease.

Spino-celled cancers arise from the prickle cells of the skin or mucous membranes. They are comparatively rare upon the face, with the exception of the lips, but the majority of carcinomata upon the trunk or limbs are of this nature. Unless removed within one month of their onset these neoplasms almost invariably metstasize to the regional lymphatics. Hence it is necessary to remove not only the growth itself, but also the glands. Clinically the growths may be either fungous or ulcerative.

The baso-celled tumors are commonest upon the face, especially around the eyelids and the naso-facial grooves. They arise from the basal layer of the skin or hair follicles and never metastasize. It is important to remember that in origin they may be multicentric, hence recurrence after operation is not unusual. These tumors may be either fungous or ulcerative. Inasmuch as they do not metastasize, local removal, if complete, will effect a permanent cure.

The adeno-carcinomata spring from either the sweat or sebaceous glands, and the question of metastasis has not as yet been thoroughly determined; it is probable that if operated upon early it is necessary to do a complete operation, but that local removal would suffice.

Sarcomata may be multiple or single, and may vary widely in their pathology; they are apt to spring from fibrous growths of various kinds, especially from scars. As a general rule the spindle-celled growths do not metastasize early, so local removal at the first indication of trouble would usually cure. Later there is no advantage in doing more, inasmuch as metastases usually take place through the blood stream.

Malignant moles are the most deadly of all forms of neoplasms. When a mole goes bad it gives no warning, but metastases arise by the time that the initial change is noted in the mole. But one case has so far been cured. The only successful treatment is prophylaxis. Clinically there are usually numerous pigmented metatases to the skin and glands.

Paget's disease may occur either on the breast or elsewhere upon the skin. At first there is an eczematous looking patch, which appears more granular than an ordinary eczema and which refuses to heal. Such a patch has a perfectly typical pathological picture, and when this picture is found a radical operation should be performed at once.

The prophylaxis of cancer is important. In special, two common types of lesion should receive treatment, namely, senile keratoses, and pigmented moles that may be irritated. In addition, all wens and subcutaneous nodules should be removed. Long continued small X-ray treatments are bad for both the operator and patient. All forms of skin troubles should be healed as speedily as possible.

Once the cancer is established it must be removed locally; that goes without saying. There are various methods of removal, the knife, cautery, curette, caustic, X-ray, radium and electrolysis. But there are two things to consider; first, that the removal be complete, and secondly, that some of the tissue be preserved for examination. This latter is essential for two very different reasous; first, we need more definite information to correlate the clinical findings with the histological picture of varying types, and secondly, because in each individual case we should know whether we are dealing with growth that is apt to metastasize, and if we are to remove the draining glands at once. This is just as important in cancer of the skin as in cancer of the breast.

Personally I feel that in the basal-celled growths either the knife or cautery should be employed except in tumors around the eye, ear or naso-facial groove where severe deformity might result, and where it is allowable to try the X-ray. The surgeons certainly have better statistics than have the dermatologists, and have followed their cases for a longer space of time. The X-ray is not more efficient than radium nor is it less so, but it should be given in one or two large measured doses.

In the prickle-celled growths the problem is identical with that of cancer of the breast or lip; the draining glands must be removed, preferably in a block operation, but removed at any rate.

Miscellaneous Items, Continued.

Fear and Death.

The spirit of the Plague entered the gate.
One, watching, asked, "How many wilt thou slay?"

"A thousand," spake the Spirit, "is my quest."

The Plague made end. The Spirit left the gate.

The watcher cried, "Ten thausand didst thou slay?"

"Nay, one," the Spirit said; "Fear Killed the rest."

—An Arab Legend, The Century.

Losses in the War.

D. D. Krecke, in Munchener med. Woch., Berlin, urges the necessity for economy in dressing for wounds, and he suggests various fiber-woven materials that might be used instead of cotton for dressings. To emphasize the need for economy, he remarks that losses up to fifty per cent. must be reckoned with in this war. In the Franco-Prussian war the losses averaged eighteen per cent.; in the Manchurian campaign the Russian loss was twenty-nine per cent. and the Japanese 40.9 per cent., but in the present war, he continues, "With 2,000,000 fighting, we must look for losses of 1,000,000. How large a proportion of this will be composed of wounded we have no means of estimating, but it is certainly not exaggerating to say that we can reckon with a half a million wounded in the course of the first year of the war."

Medical Certificates.

Sir John Collie states that medical certificates in legal cases should always be given with great caution. What should one do when asked to examine an injured person by both employer and employee, or by two parties to a suit in an action at common law? There is a general impression that, having given a certificate to one side, it is disloyal-indeed, dishonorable—to fish, as it were, on both sides of the stream, and furnish a report to what the lawyers call the "other side." This attitude assumes a very low standard. If one has given a certificate for a pltintiff which exaggerates his injuries, or if acting for the defendant, one has given a certificate minimizing what exists, obviously it would be impossible to report on the case of the opposite party to a suit. Medical men are not partisans in law suits; unlike the attorney, they have no "other side" to consider. Solicitors and barristers are paid to make the best case they can for their client. The doctor certifies facts as found, or should do so. There is, therefore, no reason whatever why a certificate should not be furnished to both parties and a fee charged to each. Of two things, however, one must be scrupulously careful. First, the facts must be presented in exactly the same way in both instances. Indeed, the safest plan is to make the second report a copy of the first. Secondly, both parties should be acquainted with the fact that such a duplicate certificate has been issued. Lovalty demands this. It is always advisable to retain an exact copy of all letters and reports on medico-legal cases.—British Medical Journal.

Medieine in Korea.

At a meeting of the Philadelphia County Medical Society, Dr. J. W. Hirst gave the following observations from his nine years' service in Severance Hospital, Seoul, Korea;

"It is about thirty years since the first foreign doctor went into Korea. The city of Seoul with a quarter million of people knew nothing of surgery until 1888. It so happened that an American surgeon at that time was able to serve one of the members of the royal household. Twenty years later a hospital was established which was the first building in that country in which it was possible to accept patients and attempt to treat them. These are the conditions under which it was my

privilege to enter nine years ago.

"The first operation ever done in the Seoul Hospital was for cataract. Facial blemishes the result of inflammatory diseases are frequent. I also have seen many cases the result of smallpox which in earlier days was so prevalent there. To-day under vaccination there is a generation which does not know the disease. I have seen the largest series of empyemas in our service that I have ever read of anywhere else. Why it should be that empyemas are so prevalent I am not able to determine. Pneumonia is just about as prevalent in Korea as in this country. Appendicitis is almost unknown. The people are a rice-eating people and as a rule are not so subject to constipation as people in this country. They also are a people who do not chew their food. Typhoid fever is not very prevalent, but typhus fever becomes a great scourge. There are some fevers which do not show the same characteristics as the conditions laid down in our text-books.

"The people in their acceptance of surgical aid in the first instance were afraid of a foreigner, but gradually a change has come. Not long ago we had two women living in the same room one of whom had ascites and the other a large abdominal tumor. The woman with the tumor was operated on and the other woman demanded that she also be operated on. So that the leaven is leavening the whole lump and one patient satisfactorily treated in a community will affect a large number.

"The Chinese practice of surgery is a series of needles, long and short, hot and cold and sometimes they are twisted like a small corkscrew, also triangularly. I removed a fibroid uterus the size of a child's head which had been treated by a native surgeon by passing needles through the abdominal wall and three needles were imbedded in it when removed. We have records of other cases in which a mass was removed from the body containing needles which had been forced into the tumor. The native doctors never attend labor cases. These were always in the hands of the old mothers in the homes. Prolapse of the uterus was treated by the insertion of a pledget of cotton soaked in alcohol. This was set on fire and the parts would be so badly burned that the uterus was held in place by contraction."

Editorials from the Lay Press.

Beware of Caneer "Cures." From the Kansas City Star.

A man was convicted in Judge Latshaw's court yesterday of practicing medicine without a license. The evidence showed he was operating a "cancer company." The jury gave him the maximum penalty.

Good for the jury!

There are no more despicable sharks than those who prey off human ills by operating fake "cures." The quacks who get money on the pretense of curing cancer are the worst of all. They not only rob the unfortunate men and women who come to them, but often they prevent their going to some reputable physician who might put them in the way of being cured by an operation or by the use of Roentgen rays. After fooling along with the quack for months the patient may finally go to a competent medical man, only to find that the disease has progressed too far to be helped.

Cancer is curable in its early stages. But it is not curable by medicine. The only successful treatment is by a surgical operation, or in cases where that is not practical, by Roentgen rays or the radium rays. The person who has reason to suspect that a cancer is developing should go at once to his family physician-never to the advertising quacks. The physician will not be able to give the necessary treatment, but he will direct the patient to a competent surgeon or skin specialist who can do the work. If any serum or vaccine treatment should finally be worked out, or if some other method of dealing with the disease should be found, it will at once come into general use with the regular medical practitioners. Meanwhile it should be remembered that the only safety for the cancer sufferer is from an early operation by a good surgeon, or from prompt treatment by a reputable skin specialist with Roentgen rays or radium rays.

To go to the cancer "cure" quack is to abandon hope.

A New Caneer Clinie.

From the N. Y. Tribune.

An important announcement has just been made by the directors of the New York Skin and Cancer Hospital. Accepting the opinion that the mortality from malignant disease is increasing, and recognizing "that there must be some constitutional cause producing the disease," they have decided to establish "a special clinic for the medical treatment of suitable cases by means other than surgical operation."

Though the aim is avowedly "to extend the benefit of a medical treatment to those desiring it," it may be presumed that as far as new patients are concerned the clinic is intended principally for the benefit of inoperable cases. In this sense it may properly be described as experimental, and no one can justly question the hopeful conclusion that "if progress can be made along the lines now instituted by this hospital it will certainly be a boon to mankind whose value cannot be estimated."

It is a little disappointing, however, that in notifying the public of this interesting de-

parture the hospital authorities were not more explicit. Directions with regard to diet and habits of living are frequently given, of course, to cancer patients, but there is a hint in the announcement of some more or less definite conception of the conditions that favor the disease and of a quite definite belief that the disease is in some way associated with the conditions of civilization. In fact, it is positively stated that cancer "is very rare or almost unknown among primitive people."

So positive a statement coming from authoritative a source must evidently have some foundation, and since it is at variance with the conclusions of many recent investi-gators it is a pity that it was not dealt with more at length and that no reasons were given for the further statement that cancer must be due to "some constitutional cause." ments so unqualified indicate that those who established the clinic are in possession of information which has not hitherto been made sumably be made before long.

Commandments of Health.

From the State Gazette, Trenton June 9.

A Chicago clergyman, eighty-two years old, has laid down twelve important commandments of health. It seems to be one of the privileges, if not duties, of persons who have passed the three-score-and-ten period to advise the younger generations how to attain longevity.

Such advice, too, seems to come with more grace from the aged than from some whipper-snapper of youth whose advice is based on hearsay or, at least, not on experience.

It is a striking fact that these commandments which old age gives to youth, that moderation and evenness of temper constitute the fountain of all the rest. It is "do not eat too much," do not work too little," "do not sleep too much," "sleep enough," and so on, illustrating that one may do a deal of things if done with moderation.

Intemperance in everything seems to be America's greatest crime. It applies to business and to pleasure alike. To "rope" this outlaw would seem to be Americans' greatest duty.

The Economic Side of Sanitation.

From the Bayonne Times, May 19.

Bayonne people will be interested in the fact that conservation or human life and health through sanitary legislation has its economic side easily figured out, as shown by a bulletin of the State Board of Health dealing with the subject of typhoid fever in New Jersey in 1913. In 1900 that disease killed 22 in every 10,000 of New Jersey's population. Two years ago the mortality rate had been reduced to 9.6 and only four States in the Union had a better record.

The State board figures out that this decrease meant the saving on 2,000 lives and the prevention of 18,540 cases of typhoid, a total gain in human efficiency during the thirteen years of about \$13,700,000 as regards that malady alone, while the total expenditure of the board for 1913 was not quite \$125,000 for all purposes.

The improvement is attributed to the enforcement of laws passed fifteen years ago for better control of stream pollution and water and milk supplies. The moral of it is that efficient sanitary work pays for itself many times over from a purely financial viewpoint, to say nothing of the human aspect.

Therapeutic Notes.

Aborting Mammary Abscess .- The specific action of the principle of the exterior lobe of the pituitary includes the remarkable influence upon the milk ducts. Therapeutic use has already been made for this, for pituitary solution has been successfully used to prevent stasis in the ducts, and this abhorts the appearance of an impending mammary abscess. One ampule by hypodermic injection; repeat in 24 hours if necessary.

Acute Bronchitis.-Inhalations of recently prepared tincture iodin from wide-mouthed public. A further announcement will pre- bottles are found to cure bronchial catarrhs in four days. Inspiration-from four to eight or more at each sitting—to be more or less deep, according to severity of case. Inhalations to be repeated five or seven times a day. If much mucus, expectoration to be assisted by usual remedies. In children, iodin tincture may be dropped on pieces of cotton to be laid on pillow (over oilcloth) while patient is sleeping.-The Med. Brief.

Bright's Disease.

Dr. Brissemoret, in Riforma Medica, suggests the following prescription:

Gallic acid, 0.8 gram. Theobromine, 0.7 gram.

M. et div. in pulv., No. iii. Sig.: These are to be taken in the course of one day.

Comedones-Treatment of.

Dr. L. Pron, in Formulaire de Therapcutique Clinique, states that Brocq and Simon recommend the following method: Every eight or ten days after a thorough scrubbing of the face, the comedones are expressed by means of a suitable instrument, as a watchkey, and then cologne water is applied to the face, after which the lesions are treated with the following solution:

R Salicylic acid, 1 gram. Green soap, 40 grams. Tincture of lavender, 10 grams. Alcohol (90 per cent.), 80 grams.

If the latter is too irritating it may be dilut-

Chorea-Antipyrine In.

Dr. Comby, in Riforma Medica, suggest the following:

Antipyrine, 10 grams. Simple syrup, 190 grams. Spirit of peppermint, 1 gram.

Antipyrine, 10 grams. Fluidextract of licorice, Glycerine, aa 15 grams. Water, q.s. ad 150 c.c.

The dose of either of the above is one tablespoonful three times a day.

Cholangitis—Tineture of Boxwood In.

Dr. A. DeVevey, in Bulletin Generale de Therap., alludes to the apparent specific action of this preparation in the treatment of the so-called intermittent hepatic fever of Charcot. Tincture of boxwood is both cholagogue and purgative. It is given in doses of 5 grams.

Diabetic Furunculosis.

Furunculosis in diabetics show but little tendency to heal. The cause of this phenomenon seems to be an acidity or at least subalkalinity of the tissues. On the bases of this hypothesis, Brunner treated 2 cases of furunculosis in diabetics by means of alkaline irrigations. The abscess cavities were washed out daily with a 5 per cent. solution of sodium bicarbonate. Both cases healed promptly. He suggests that in operations upon diabetics good results might follow alkaline irrigation of the wound surfaces.—Brunner, in Med. Klinik.

Influenza-Nervous Depression Following.

Sir Richard D. Powell, in the Clinical Journal has recommended the following in the treatment of sweatings associated with nervous depression following influenza in a patient suffering from congenital disease of the heart:

R Strychnine hydrochloride, gr. 1/3. Dilute phosphoric acid, 5 ij ss. Tincture of belladonna, 5 ss. Tincture of digitalis, 5 ss. Syrup of orange, 3 j. Chloroform water, ad 3 vi.

M. et Sig.: One tablespoonful in a wineglass of water at 10.30 A. M. and 3 P. M. It may be advisable to add twelve minims of the tincture of the chloride of iron at the time of taking.

Proetitis-Post-Typhoid.

Drs. M. Loeper and P. Leroy, in Progres Medical, recommends the use of the following suppositories:

R Ichthyol, 0.15 to 0.20 gram. Tannin, 0.15 gram. Extract of belladonna, 0.02 gram. Cocoa butter, 3 grams.

One of these should be inserted into the rectum every evening.

Rheumatism—Au Old Remedy for.—Referring to some comments of Sir Lauder Brunton in the Lancet for February 6, 1915, Sheffield Neave, of London, in a communication to that journal for February 20th, states that he had a patient, fifty-five years of age, who had suffered from joint pains, called rheumatism, for over thirty-six years; happening to take sulphur for the relief of a lumbago, he continued the remedy for some four months as a prophylactic. His pains were completely cured and remained so for over six years, during which time he took two or three troches of sulphur two days in the week. The essence of the cure, says the writer, is to persist for some months in the use of the sulphur.—N. Y. Med. Jour.

Strophanthin in the Insomnia of Cardiac Insufficiency.

Dr. Frankel, in Therapie der Gegenwart, declares that as a result of a study of the various measures for the relief of insomnia in heart insufficiency, the intravenous use of strophanthin is the

most effectual agency available, especially when sleeplessness is a pronounced complication. 'This procedure proved more reliable in his experience in cardiac asthma than any form of digitalis administered orally. Frankel declared that morphine should never become a routine treatment for insomnia of chronic heart disease until cardiac tonics have proven insufficient.

Tabletic Pains.

Dr. Muellor recommends the following:

R Thiosinamine, 1 gram. Glycerin, 1 gram. Sodium salicylate, 2 grams. Sterile distilled water, 10 cubic centimeters.

M. Sig.: One cubic centimeter to be injected intramuscularly daily or on alternate days.

—Riforma Medica.

Therapeutic Uses of Calcium Chloride.—Savill states that this drug is useful in the treatment of pruritus from any cause, as well as in the treatment of hemorrhage. A palatable solution is the following:

Calcium chloride, gr. xx. Tincture of orange, 3ij. Chloroform water, ad 3j.

Chloroform water, ad 3j.

M. Sig.: To be given three times a day.

—"A System of Clinical Medicine."

For bedsores, wash frequently with a solution consisting of two drams of ammonium chlorid, 4 ounces of water and 12 ounces of alcohol. Dry gently and powder with stearate of zinc. Of course the patient's position should be changed frequently and rubber air cushions used whenever required. Better to begin treatment before bedsores devlops.

In treating pleuritic pain do not forget strapping with adhesive strips. Three inch strips are best, and they should be long enough to extend two inches beyond the median line anteriorly and posteriorly and should overlap by one-third. Apply at the end of respiration, beginning below and strapping upward to the axilla. This is better than codein or painting with tincture of iodin.

A strong solution of potassium permanganate painted over macerated, sodden skin surfaces, as between the toes or about the anus, and allowed to dry, gives much relief and often effects a cure. The application may be made daily or less frequently. Keep the painted surface dry with talcum powder and absorbent cotton.—Amer. Jour. Surg.

Treatment of Boils.—Try 50 to 60 drops of dilute hydrochloric acid well diluted several times daily in the treatment of boils, says the Med. Summary. Same remedy has been recommended in pyorrhea. Rinse mouth carefully after using.

Sciatica.—For sciatica, adult, take one drop of the tincture of apocynum, in a little water, every half hour, until pain abates, then every hour or two until the disease is vanquished. According to the Medical Summary this is exceedingly effective.

Hospitals: Training Schools.

Bayonne Hospital.

The graduation exercises of the Bayonne Hospital Training School were held Friday evening, June 11, in the Elk Club when seven nurses were presented with diplomas by Dr. Fred M. Corwin. Dr. Frank D. Gray, of Jersey City, made the address.

Englewood Hospital.

The New Englewood Hospital was formally opened on June 5th. The new buildings were made possible by the subscriptions of 5,300 persons in the northern valley of Bergen County during the twelve-day campaign of June, 1914. The total sum subscribed was \$132,000. The feature of the exercises at the dedication of the new additions to the hospital on June 6th was the donation of \$100,000 by Mrs. Donald Mackay and Mrs. Elbert A. Brinkerhoff, in memory of their husbands, who had been bosom friends. There was also announced a gift of \$2,500 in memory of Dumont Clark made by his son-in-law and daughter.

Mereer Hospital, Trenton.

Under the provisions of the will of former State Comptroller W. S. Hancock, Mercer Hospital will receive \$35,000 which is to be used to immediately retire the bonded indebtedness of the hospital. The hospital is also to receive the balance of his estate after the payment of numerous bequests. The St. Francis and the McKinley hospitals are also each left a bequest of \$5,000 by him.

Bayonne Hospital Training School.

The graduation exercises of this school were held at the Elks' Club house on the evening of June 11th. Dr. F. M. Corwin presented deplomas to the seven graduates.

City Hospital, Newark, Training School.

The twenty-seventh annual commencement exercises of this school were held in the Nurses' Home, May 26th, when twenty-four nurses graduated. Dr. W. S. Disbrow, president of the city board of health, presented the diplomas. Dr. C. Frederick Webner and Rev. O. E. Braune addressed the graduates.

Morristown Memorial Hospital Training School. Five young women nurses were graduated from this training school on June 11th. This was the twelfth anniversary of the graduation of the first class from this school.

The Monmouth Memorial Hospital Training School, at its twentieth annual graduation exercises, held May 20, graduated eight nurses.

An American Field Hospital for France.—A field hospital, an exact duplicate of those used in the United States Army, has been presented to France by three Americans whose names are not published. The field hospital, in which are twenty tents, has been set up in the Bois de Boulogne. Six of the tents are of large size, being capable, if crowed, of taking care of 200 wounded men.

Marriages.

DISBROW-SPRECHER.-In D. C., May 23, 1915, Dr. George Ward Disbrow of Newark, N. J., to Miss Virginia W. Sprecher, of Sykesville, Md.

JASPAN-BURRISON. - At Philadelphia, Pa., June 16, 1915, Dr. Samuel C. Jaspan, of Trenton, N. J., to Miss Bella Burrison, of Philadelphia.

KLEIN-BLITZER. - In Brooklyn, N. Y., June 15, 1915, Dr. Emanuel Klein, of Bayonne, to Miss Anna Gertrude Blitzer, of Brooklyn.

WILLIAMS-WILLISON.—At Washington, N. J., June 8, 1915, Dr. Charles M. Williams of Washington, to Mrs. Jane Little Willison, of Pittsburg, Pa.

Deaths.

SHERK.-At Camden, N. J., June 1, 1915, Dr. Henry Huber Sherk, of that city, aged 56 years.

Dr. Sherk was born at Lebanon, Pa. After a good education he entered Armstrong's Pharmacy, Camden, when fifteen of age; began the study of when fifteen years medicine and subsequently entered Jefferson Medical College, Philadelphia, from which he graduated in 1886 and began practice of medicine in East Camden. He was a member of the Camden City and Camden County Medical Societies, the Medical Society of New Jersey, and the American Medical Association. He was also an active member of the Camden City Board of Health. He is survived by a widow, three daughters and a son.

The following minutes was unanimously adopted by the Camden County Medical Society:

Whereas, Dr. Henry H. Sherk has been called from his earthly labors, therefore be it

Resolved, the Camden County Medical Society place on record an appreciation of his services as physician and citizen;

As a physician Dr. Sherk displayed not only a high order of ability, but also a measure of industry and devotion that literally cost him his earthly life. These are not idle words of eulogy, as his patients and fellow-citizens will bear witness.

As a physician we shall always cherish memories of his eager pursuit of truth, and his earnest espousal of any new thought that promised to make his chosen profession of greater value to the public. His ideal of his profession, as minister to the suffering, will always be an inspiration to us, for he exemplified this ideal in his own self-sacrifice and ultimate breakdown and death. He died a martyr to his work, and as truly a martyr as any other.

As a fellow citizen, Dr. Sherk was interested in anything that interested his fellow-men. He was a good citizen in the best sense of the word, for not only the interests of all, but also the interests of the humblest and the weakest claimed his sympathy and attention. In these qualities of mind and heart, the things that escape and defy the physician's scalpel, we recognize the soul, gift of an Infinite Wisdom. Who, we believe, has called the kind and gentle spirit of Dr. Sherk to a higher sphere of usefulness.

To this Infinite Wisdom, we would direct his sorrowing family for solace in their grief, and in Dr. Sherk's record as man and physician, we testify that they have a just source of pride, a record that time will not dim or diminish, for Dr. Sherk is not dead; he has joined * * * "the choir invisible, of those immortal dead who live again in minds made better by their presence."

Committee—Alexander McAlister, M. D.; W. W. Kain, M. D.; Edward B. Rogers, M. D.

The following resolutions were unanimously adopted by the Camden City Medical Society: William H. Iszard, Alfred Cramer, Jr., Thos. B. Lee. Committee.

Whereas, it has pleased Almighty God to remove from our midst one of our members, Dr. Henry Huber Sherk, therefore be it

Resolved, That the Camden City Medical Society, in a special meeting assembled, desires to give expression of its sense of loss in the untimely death of one who was long an active member of this society, and for a time its president.

Devoted to his profession he gave largely of his time and experience to the medical societies of which he was a member, ever guarding and watchful of their best interests. Kind-hearted, even tempered, dilligent and conscientious, he was beloved and respected by his friends, patients and colleagues. His loss will be keenly felt in the community in which he lived, of which he was a pioneer physician, and which he served long and faithfully in matters of public welfare.

Resolved, That as an expression of its sincere sympathy a copy of these resolutions be sent to the bereaved family.

The following resolutions were unanimously adopted by the Camden Board of Health:

Whereas, It has pleased Almighty God to call from our midst one of our members, Henry H. Sherk, M. D., and while we submit in all humbleness to the Divine will, still we cannot help feeling bereaved at the loss.

Whereas, The members of this Board feel a sense of personal loss which to us seems his untimely end.

Resolved, By the Board of Health in meeting assembled that we deeply mourn our loss, feeling that a cheerful and obliging associate, a true and loyal friend, and a member of this board has been taken from us.

Resolved, That we extend our heartfelt sympathy to the bereaved family, knowing as we do that they have lost a kind and affectionate husband and father.

And be it further resolved, That these resolutions be inscribed upon the minutes of this board and a copy be sent to the family.

Committee—David S. Rhone, M. D.; W. B. M. Burrell, Reuben H. Gaskill.

WOLFE.—At Succasunna, N. J., June 14, 1915, Dr. Theodore F. Wolfe, in the 72nd year of his life. Dr. Wolfe graduated from the medical department of Columbia University in 1868; spent a few years in New York hospitals, then settled near New York, but spent most of his time writing on medical subjects as ill health prevented active professional work.

Personal Notes.

Dr. Augustus L. L. Baker, Dover, attended a conference last month of railroad surgeons at Elmira, N. Y.

Dr. Ralph R. Charlesworth, Millville, was on June 4 appointed city physician for the ensuing year.

Dr. Van Alstyne H. Cornell, Trenton, addressed the Rotary Club of that city recently on "Medical Inspection of School Children."

Dr. Francis J. Drake, Phillipsburg, has been appointed medical inspector of the Phillipsburg Schools at \$750 per year.

Dr. Wells P. Eagleton, Newark, returned June 5 from a two weeks' vacation spent in the State of Maine. In June the doctor read a paper at the annual meeting of the American Laryngological, Rhinological and Otological Society at Chicago, on "Surgical Pathology of Brain Abscess."

Dr. Eliot Gorton, Summit, is recovering from a serious operation performed in Dr. Marvel's Hospital, Atlantic City.

Dr. Fred C. Gray, Bayonne, and party enjoyed an auto trip last month to Pompton Lake.

D. Eugene Z. Hillegas, Mantua, has recently recovered from a severe illness.

Dr. George J. Holmes, Newark, and wife recently had a brief vacation season at Bushkill, Pa.

Dr. Ernest G. Hubbell, Camden, and wife spent a few days last month at Ocean City.

Dr. George S. Laird, Westfield, and family, visited friends in Indiana last month.

Dr. William H. Lawrence, Jr., Summit, enjoyed a week's fishing trip to Maine last month.

Dr. Charles A. Knox, Ridgefield Park, and wife spent a few days last month at Branch-ville.

Dr. Edward B. Rogers, Collingswood, and wife visited the Panama Exposition in California last month.

Dr. John B. Seeds, Trenton, and wife spent a few days last month at Manasquan, opening their summer home.

Dr. David Warman, Trenton, delivered the historical address at the 21st anniversary of the Children's Home Society of New Jersey, June 10, at Trenton.

Dr. Paul Cort, Trenton, and wife attended the Princeton-Yale ball games on June 12th.

Dr. Fred M. Corwin, Bayonne, was re-elected a director of the Bayonne Hospital for the 1915 term last month.

Dr. Henry A. Cotton, Trenton, discussed Drs. Ludlaw's and White's paper presented at the annual meeting of the American Neurological Association on "Abderhalden's Reactions and Defective Mental and Physical States."

Dr. William H. Lawrence, Jr., Summit, and wife will spend the summer at Saltaire, Long Island.

Dr. Philander A. Harris, Paterson, discussed Dr. Vineberg's paper on "The Fate of The Ovaries Left in Situ after Hysterectomy," at the annual meeting of the American Gynecological Society held in May.

Dr. Edward B. Rogers, Collingswood, and family left on June 9 for California by the Niagara Falls and Great Lakes routes. They will attend the Panama Pacific Exposition and the A. M. A. annual meeting. They expect to be gone about six weeks.

Dr. Seth B. Sprague, Jersey City, and wife are enjoying a few weeks' vacation in the West; they visited the San Diego Fair and the Panama Pacific Exposition and expected to take in on their way home the Yellowstone Park and the Canadian Rockies.

Dr. John J. Reefe, High Bridge, and wife are receiving congratulations on the birth of a son.

Dr. August A. Strasser, Arlington, spent a few days in Yellowstone Park last month, en route to California.

Dr. Harold D. Corbusier, Plainfield, head of the field hospital of the State Guard, has designed a medal for efficiency and attendance at drills.

Dr. William E. Darnall, Atlantic City, and wife attended commencement exercises at Washington and Lee University, Lexington, Va., last month. The hohor of membership in Phi Beta Kappa was conferred on the doctor. Only those who win distinction in science, literature or philosophy are thus honored.

Dr. William H. Shipps, Bordentown, has returned from a few days' visit in New Brighton, Conn.

Dr. Henry W. Kice, Wharton, delivered an address June 13 in the Union Chapel, Denville.

Dr. Frederick W. Sell, Rahway, and wife visited in Flemington a few days recently.

Medico-Legal Items.

Liability of Board of Medical Examiners—The Supreme Court of Colorado holds that the members of the State board of medical examiners are answerable for their official conduct to the chief executive of the State, and their civil or criminal liability is a question for judicial determination, upon a full and complete hearing in the light of the law and the facts appearing.—Kenehan v. Barber (Col), 143 Pac. 370.

Failure to Disclose Disease Arising Between Application and Delivery of Policy.

An applicant for a life insurance policy in his application answered "No" to questions whether he had ever been afflicted with renal colic. He had in fact, however, suffered from one or more attacks of renal colic prior to the date of the application, and, between the date of the application and the date of delivery of the policy, he was seized with an attack of renal colic which persisted through several days, and was informed by his physician as to the nature of the disease. In an action on the policy it was held that it was the duty of the insured to have disclosed such illness to the defendant prior to the delivery of the policy, and his failure to do so constituted such fraud as would avoid the policy. "The authorities," the court said, citing the cases, "almost without exception are in agreement upon the doctrine that an applicant for such a policy must use due diligence to communicate to the proposing insurer facts materially affecting the risk, which arise after his application has been made and before the contract has been consummated by delivery."—Harris v. Security Mut. Life Ins. Co., Tennessee Supreme Court, 170, S. W. 474.

Degree of Care and Skill Required-Admissibility of Evidence.-Action was brought against a physician and surgeon for alleged malpractice consisting of failure to properly reduce a dislocated hip for the plaintiff. It was a disputed question whether the dislocation was or was not properly reduced, and there was some evidence tending to show that the plaintiff about a month later fell and reinjured his hip. Several months after the treatment of the limb by the defendant an Xray photograph was taken of the joint. The plaintiff insisted that the trial court erred in not permitting him to show to the jury the unsuccessful efforts he made to get the Xray plates. The defendant had nothing to do with taking the photographs and never had possession of them. It was held that there was no error in the ruling of the court.

An instruction given for the defendant which defined ordinary care and skill required of physicians and surgeons as being "that care and skill exercised by physicians and surgeons in this locality and of the school of which defendant belongs" was held to be erroneous and misleading because of the insertion of the words "and of the school of which defendant belongs," thus limiting the care and skill required to that of some particular sect of physicians and surgeons in the locality. was also held erroneous because there was no evidence as to what school the defendant belonged, except that he was a graduate of the medical department of the University of 11linois College of Physicians and Surgeons. Judgment for the defendant was reversed and the case remanded.—Bacon v. Walsh, 184 Hi. App. 377.

Books Received.

All books received will be mentioned by title with the nainers of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

BOOK NOTICES.

The Practical Medicine Series, comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in the N. W. Univ. Med. Sch., Roger T. Vaughan, Ph. B., M. D.

Vol. II., General Surgery, by John B. Murphy, A. M., M. D., L.L. D., F. R. C. S. Eng. (Hon.), F. A. C. S., Professor Surgery in Northwestern University, etc., etc.

Vol. III., The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C. M., M. D., D. C. L. Albert H. Andrews, M. D., William L. Ballenger, M. D. Series 1915. Chicago. The Year Book Publishers, 327 S. La Salle street.

The Principles of Bacteriology. A Practical Manual for Students and Physicians. By A. C. Abbot, M. D., Professor of Hygiene and Bacteriology and Director of the Laboratory of Hygiene, University of Pennsylvania. 12mo, 650 pages, with 113 illustrations, 28 in colors. Cloth, \$2.75, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

MEDICAL EXAMINING BOARD'S REPORT.

Exa	m'd.Passed	.Failed.
Arizona, April 7	3	4
Connecticut, March12	8	4
Florida, March*14	14	0
Iowa, May 2	2	0
Maine, March16	13	3
Massachusetts, March68	40	28
Utah, April 7	6	1

*Homeopathic Medical Examining Board's report.

Public Health Items.

Medical Inspection of Schools, Bridgeton.

Dr. John C. Loper, medical inspector of Bridgeton schools, reported recently that 2,629 pupils had been examined during the year with results as follows: Defective vision, 266; defective hearing, 26; defective nose and throat, 152; good teeth, 936; fair, 1,367; bad, 226.

War Against Alcohol.—Dr. S. S. Goldwater, Commissioner of Health of New York City, has asked for the organization of a special committee of the advisory council of the Department of Health for the purpose of starting a campaign against the abuse of alcohol.

Rabies in New Jersey.—Under a law passed at the recent session of the New Jersey Legislature, every person knowing of a case of rabies, or of a suspected case, is required to notify the local officials, under penalty of \$50 for first offense and \$100 for subsequent ones. The local health boards are also empowered to quarantine any suspected animals.

Polyglot Health Rules.—The health commisioner of Paltimore has had a pamphlet printed in English, Bohemian, Italian and Yiddish, of which ten thousand copies are to be distributed. This pamphlet teaches how to destroy flies and mosquitoes and tells tenants how to keep their premises in a clean and sanitary condition. The Poles of Baltimore have asked the commissioner of health to have this pamphlet translated into Polish.

Disease with Highest Mortality.—According to the 1913 report of the Census Bureau, nine diseases cause more than half the deaths in the registration area comprising 65 per cent. of the population of the country. The diseases and number of deaths are as follows: tuberculosis, 93,421; heart diseases, 93,142; pneumonia, 83,778; nephritis, 65,106; diarrhea and enteritis, 57,080; cancer, 49,928; cerebral hem-

orrhage, 47,220; diphtheria, 11,920, and typhoid, 11,323.

Health Administration in Pennsylvania.

Dr. Samuel G. Dixon was appointed Commissioner of Health of the State of Pennsylvania on June 6, 1905, shortly after the passage of the act of Assembly creating the State Department of Health. He was reappointed in 1907, again in 1911 and again on May 18, 1915. Under his able direction the Pennsylvania Department of Health has achieved first place among the public health organizations in this country and the work which has been accomplished has attracted attention at home and abroad.

campaign against tuberculosis, In the which ten years ago was the chief cause of death in Pennsylvania, one hundred and fifteen tuberculosis dispensaries have been established and three great State Sanatoria at Mont Alto, Cresson and Hamburg have been constructed under the supervision of Dr. Dixon. In ten years tuberculosis has fallen from first to second place as a cause of death in that State. Four thousand deaths and forty thousand illnesses from typhoid fever was the annual toll exacted from Pennsylvania's citizens ten years ago. To-day this has been decreased more than 75% and, although in the meantime the population of the State has increased more than a million, the number of deaths from this cause is only onefourth the former figures.

During the past year the death rate of 13.3 per thousand inhabitants was the lowest in the history of the State. More than seventy-eight thousand people are alive in Pennsylvania today, who would have died had the death rate of 1906 continued. Of these 78,916 lives, 40,528 have been saved by the reduction of four principal diseases: Typhoid fever, 18,865; tuberculosis, 11,924; diphtheria,4,648; whooping cough, 4,091.

During these years 1,767,000 babies have been born in Pennsylvania whose births have been recorded with all the facts concerning them, in the Bureau of Vital Statistics of the Department of Health.

Elements of American Mortality. - Returns available for the United States for the registration area, which includes about 65 per cent. of the total population, show that the general death rate has fallen from 20.8 per 1,000 in 1890 to 14.1 in 1913. Throughout the period under observation the male rate has been in excess of the female rate, and in 1913 the rates were 15.0 for males and 13.1 for females. For the white population the mortality was 14.0 per 1,000, and for the colored 22.9. For white males the rate was 14.9, and for white females 13.1. For colored males the rate was 24.9, and for colored females 21.0. For certain principal causes the comparative death rates for the two sexes were as follows: tuberculosis of the lungs, males, 14.9, females, 12.0; pneumonia, males, 14.7, females, 12.6; accidents, males, 12.8, females, 4.0; urinary diseases, males, 10.8, females, 8.8; cancer, males, 5.8, females, 9.3; typhoid fever, males, 2.5, females, 1.7; suicides, males, 2.5; females, 0.8. The urban death rate for the registration area for the period 1908-1912 was 15.5 per 1,000, and the rural death rate was 12.9.

Density of Population and Infant Death Rate.

Based on the school census for 1914 it was found that the average number of people per in Chicago is 19.5. The wards having death rates above the average have an average of 49.7 people to the acre. It is not congestion alone, but congestion plus bad sanitary conditions that produce high infant death rate.

Virulent Small pox at New Bedford, Mass.—The United States Public Health Service reports that there is at present an outbreak of virulent smallpox at New Bedford, Mass. Since May 15 there have been 10 cases, of which 3 have terminated fatally. Four of the cases have been of the hemorrhagic type.

Campaign Against Venercal Diseases in Vermont.—A law enacted by Vermont on March 25, 1915, contains the following provisions: "A person who, knowing himself to be infected with gonorrhea or syphilis, marries, shall be fined not more than \$500 or imprisoned in the house of correction for not more than two years." "A person who, while infected with gonorrhea or syphilis, has sexual intercourse shall be fined not more than \$500 or imprisoned in the house of correction for not more than one year."

Health Leaslets.—The Bureau of Public Health Education of New York City, in cooperation with neighborhood societies, publishes and distributes monthly neighborhood chronicles in the form of a four-page leaflet, containing on the first page local news of the particular district of the city from which the leaflet will be distributed. They will be issued from about ten different sections of the city. The remainder of the matter in the leaflet will be the same in each. This is expected to be an effective means of reaching the public in regard to health matters which affect them most closely. The leaflets will be distributed from house to house by the neighborhood associations.

Total Mortality of Tuberculosis and Cancer in Prussia in 1913,

Tuberculosis has shown a furthern reduction of mortality in Prussia in 1913. There died from this disease in 1913, 56,583, as opposed to 59,911 in 1912, that is, 3,328 less. Computed per ten thousand living, these figures are 13.59, as compared with 14.58 in 1912.

The deaths from cancer in 1913 were altogether 30,742, as compared with 30,045 in the previous year; that is, 697 more. Computed per ten thousand living, these figures are 7.38, as compared with 7.32 in the year 1912.—Berlin Letter, A. M. A. Jour.

Royal Commission on Venereal Diseases.

At the twenty-sixth meeting of the Royal Commission on Venereal Diseases Dr. Douglas White submitted an estimate of the prevalence of venereal disease in the United Kingdom. No direct statistical basis is available, but from a consideration of the existing statistics regarding venereal diseases in this country, and a careful comparison (in which an attempt was made to allow for difference in conditions)

with the estimate which has been made as a result of a statistical inquiry in Prussia, Dr. White arrived at the conclusion that there were every year 122,500 new cases of venereal disease in London and 800,000 new cases in the United Kingdom. He computed that of the 800,000 new cases 114,000 would be syphilis and the remaining 686,000 gonorrhea and chancroid. From these figures he deduced that there must be in the United Kingdom about 3,000,000 syphilities.

The Sole Specific. — There is no sovereign remedy for tuberculosis outside of good food, fresh air, rest and healthy living. House disinfection is the key to the prevention of tuberculosis.—L. Flick.

STATE BOARD OF HEALTH.

From the May, 1915, Statement.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending May 10, 1915, was 3,589. By age periods there were 559 deaths among infants under one year, 228 deaths of children over one year and under five years and 1,218 deaths of persons aged sixty years and over.

A decrease of 225 deaths from the previous month is shown. Causes of death showing a slight increase are measles and whooping cough. The number of deaths (30) from diphtheria is lower than for any month since July, 1914. The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending May 10, 1915, compared with the average for the previous twelve months. The averages are given in parentheses:

Typhoid fever, 16 (18); measles, 21 (13); scarlet fever, 10 (14); whooping cough, 23, (21); diphtheria, 30 (50); malarial fever, 0 (1); tuberculosis of lungs, 352 (309); tuberculosis of other organs, 46 (46); cancer, 180 (188); diseases of nervous system, 307 (272); diseases of circulatory system (pneumonia and tuberculosis excepted), 251 (199); pneumonia, 459 (231); infantile diarrhoea, 67 (190); diseases of digestive system (infantile diarrhoea excepted), 172 (198); Bright's disease, 294 (254); suicide, 49 (43); all other diseases or causes of death, 764 (691). Total, 3,589 (3,252).

Communicable Diseases for April, 1915.

The total number of cases of communicable diseases reported during April, 1915, was 2,586, a decrease of 213 from the number reported during April, 1914.

Typhoid Fever—The number reported was 68. Twenty-six per cent. of the cases were in Middlesex County, where a localized milkborne outbreak, which was, however, speedily checked, occurred.

Diphtheria—Five hundred and four cases were reported. Cases occurred in every county in the State except Ocean and Salem. Hudson reported 156, Essex 123, Passaic 56 and Bergen 37.

Scarlet Fever—Five hundred and seventythree cases were reported. Cases were reported from every county in the State except Cape May, Gloucester and Sussex. Hudson reporting 187, Essex 121, Passaic 143 and Bergen 40.

Tuberculosis—Seven hundred and fifty-six cases were reported. Essex reporting 213, Hudson 207, Mercer 53, Passaic 49, Union 48, Camden 41 and Bergen 23.

Small-Pox—An outbreak of a mild type of this disease has been confined to a few districts in the southern part of the State. Cases were reported during the month by counties as follows: Cumberland 73, Camden 1, Gloucester 2, Salem 2 and Union 1.

Laboratory of Hygiene Examinations

Specimens for bacteriological diagnosis were examined as follows: For suspected cases of diphtheria, 568; tuberculosis, 552; typhoid fever, 216; malaria, 48; miscellaneous specimens, 144. Total, 1,528.

Food and Drug Department. .

The following articles, on examination, were found to be below standard: Twenty-two of the 390 samples of milk; 8 of the 14 of butter; 2 of the 6 of acetanilid tablets; the 2 of liniment; the one of quinine tablets and 4 of the 9 of spirits of peppermint. Above standards were all the 54 samples of cream; the 25 of spices; the 4 of oleomargarine and the 15 of vanilla. Forty samples of oysters were examined and also 20 of clams.

Bureau of Creamery and Dairy Inspection.

During the month 482 inspections were made as follows: Three hundred and forty-four dairies; 38 creameries; 13 milk depots; 87 ice cream factories.

Number of dairies scoring above 60% of perfect mark, 172; scoring below 60% of the perfect mark, 126; creameries licensed to pasteurize milk, 3; ice cream factory licenses recommended. 26.

NEW AND NON-OFFICIAL REMEDIES.

During May the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-Official Remedies:

Hoffmann-LaRoche Chemical Works: Papaverine Hydrochloride, Roche; Papaverine Hydrochloride, Roche, Tablets; Papaverine Sulphate, Roche, Ampules.

Hynson, Westcott & Co.: Ouabain Ampules,

H. W. & Co.

Merck & Cc.: Papaverine Hydrochloride, Merck.

Since publication of New and Non-Official Remedies, 1915, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry:

Papaverine.—An alkaloid obtained from opium, but not chemically related to morphine. Its use has been proposed in various atonic conditions of the smooth muscles, particularly in gastric and intestinal spasms, for the diagnosis of pyloric spasm, biliary colic and in bronchial spasm. It is a feeble analgesic and local anesthetic. Neither tolerance nor habituation from its use has been reported. It is used in the form of its salts (see below).

Papaverine Hydrochloride. — This contains not less than 88 per cent. of papaverine. Papaverine hydrochloride is odorless, bitter and permanent in the air. It is sparingly soluble in water; soluble in alcohol; very soluble in chloroform; insoluble in ether. It is marketed as: Papaverine Hydrochloride, Merck.—Merck & Co., New York; Papaverine Hydrochloride, Roche.—Hoffmann-LaRoche Chemical Works, New York.

Papaverine Hydrochloride, Roche, Tablets.

Each tablet contains papaverine hydrochloride 0.04 gm. Hoffmann-LaRoche Chemical

Works, New York.

Papaverine Sulphate.—This contains not less than 85 per cent. of papaverine. Papaverine sulphate is odorless, bitter and slightly hygroscopic. It is soluble in water and in alcohol; very soluble in chloroform; insoluble in ether. It is marketed as:

Papaverine Sulphate, Roche, Ampules.— Each ampule contains 0.04 gm. papaverine sulphate. Hoffmann - LaRoche Chemical Works, New York (Jour. A. M. A., May 29, 1915, p. 1849).

Food for Thought.

A good deed is never lost. He who sows courtesy reaps friendship, and he who plants kindness gathers love.—St. Basil.

The man who would be truly happy should not study to enlarge his estate, but to contract his resires.—Plato.

Without courage there cannot be truth, and without truth there can be no other virtue.

—Sir Walter Scott.

If the world is ever to be regenerated, if the better man is ever to come into existence, it must be through preventive medicine.

—Descartes.

On Growing Old.—If things are right with us, happiness and content should come as cheerful accomplishments to gray hairs and increase of years.

George Eliot once said, "There are so many things—best things—that can only come when youth is past, that it may well happen to many of us to find ourselves happier and happier to the last."

With regard to old age, as also with regard to most other things, we get what we expect in this world we get what we look for.

If a woman continues to think of herself as growing old, her fingers will soon begin to stiffen, her footsteps will lag, her eyesight will fail, and there will be a gradual deadening of all her faculties.

The result of such a habit of thinking is pathetic. One who "lets go" of all her interests in life develops in a very, very few years into an old granny sitting by the fireside of life, complaining that she is lonely, she is a burden and it will be a blessing when her time comes to go.

How infinitely better to cultivate cheerfulness, happiness, activity and interest in life as it goes on about us, to have a mind to be happy, a mind to learn new things, a mind to help others, and mind to make the very best of everything.—Grace Goodhouse in the Camden Courier.

A little hope planted in another body's garden is apt to fly a seed and sprout in your own patch.—Marie T. Davies.

"Courtesy is the eye which overlooks your friend's broken gateway, but sees the rose which blossoms in his."

"Between two men, give me the one who thinks there still is something for him to learn. For he is the man who has a capacity for progress."

"How you succeed is according to how you work. How you work is according to how you think. How you think is according to how you eat, Not always, but often enough to make it a rule."

Efficiency is a combination of hard work, high aim, strong purpose, dogged determination, resourcefulness, keen ambition, power of decision, tact, knowledge, mental grasp,, and a multitude of other things. Easy to be efficient, isn't it?—Hazen Conklin, in the New York Eevening World.

Facetious Items.

"My doctor told me I would have to quit eating so much meat."

"Did you laugh him to scorn?"

"I did at first; but when he sent in his bill, I found he was right."—Washington Star.

"I believe our climate is changing."

"Think so?"

"Our winter seems to be getting warmer."

"Well, the women wouldn't wear enough clothes so the climate had to change. The women wouldn't."—Exchange.

Doctor Emdee—When are you going to pay your bill? I'm getting out of patience.

Mr. Wise—If you didn't send so many of them to the graveyard you wouldn't get out of patients so fast.

An undertaker will tell you that he would starve if he had to depend on the men who are always yelping that they are working themselves to death.

"Don't worry. Worry affects the ductless glands of the body, thus causing actual physical ailments."

"Gosh, I'm sorry you told me that. It will make me worry."

"What is a triple alliance, Tominy?"

"It's when pa an' ma an' the school-teacher agree that I ought to have a lickin."—New York Times.

George—Mrs. Jones, "How long have you been a widow?

Mrs. Jones-"Long enough."

"What's this I hear, Jaffin? Is it true that you've married your typewriter girl?"

"Yes. She was no good as a typewriter—and it seemed the easiest way to get rid of her."

Mr. Meek—Say, officer, a burglar just asked me a conundrum.

Officer-What was it?

Mr. Meek—Boy, he said, where's your money?

Officer-What did you say?

Mr. Meek-I gave it up.-Exchange.

Profound Diagnosis.—A well-known aviator was not feeling very well, so he thought he would consult a physician, to whom he was a stranger. He told the doctor his symptoms. The doctor examined him carefully and said: "My dear sir, you are all right. What you want is plenty of fresh air."

Modern Warfare.—Uncle Ephraim's sympathies were all with the Allies. "Man," announced he, "has you heard 'bout them Allies? They's got a gun what kin hit you if it's twenty-three miles off." "Lawsie, that ain't nothin'," sneered a colored partizan of the opposite camp. "De Germans, dev kin hit you if der jess has yo' ad-dress."—New York Evening Post.

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ADDRESS OF THIRD VICE-PRESIDENT.

Delivered at the 149th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 23, 1915.

MENTAL HYGIENE IN GENERAL PRACTICE.

William G. Schauffler, A. M., M. D., Lakewood, N. J.

Every thoughtful practitioner of medicine is confronted sooner or later—unfortunately it is too often later—with the question: "Am I doing all I can to prevent disease and its consequences." Without doubt this question can, in most cases, be honestly answered in the affirmative, taking into consideration the progress that has been made in the prevention and cure of many communicable and preventable diseases.

There exists, however, one class of patients, actual and prospective, for whose relief, as yet, comparatively little has been done. Statistics show the appalling incidence of insanity, in spite of advanced methods of diagnosis and treatment of mental diseases. The reason for this condition lies undoubtedly in the high pressure under which the men and women and even the children of to-day are living. Whatever the cause may be, the fact remains that an increasing number of our best and most valued men and women become victims of some form of mental disease, and thereby not only lose their own health and happiness, but more often than not, become a source of great anxiety to their families, to say nothing of menace to the community.

Within the past few years the study of *Mental hygiene* has commenced to offer a

solution of this problem. The experiences of Clifford Beers, as set forth in his book, "The Mind that Found Itself," first published only a few years ago, has done much to further the cause of the recognition and prevention of incipient insanity. hygiene societies and committees have sprung up in many States, bringing in their wake a better understanding of the subject. Very much has been and is being done to mitigate the evils which have existed in our State and private institutions for the insane. Great progress has been made towards alleviating the suffering of the hopelessly insane and towards making more easy the lives of those who have partially or wholly recovered, but upon whom the shadow of the past must always rest. Psychiatric clinics, long a dream of the advanced neurologists, have within a few years become an actuality and in many cases monuments to the generosity and forethought of men and women of great means. Our medical schools and universities have recognized the crying need of better preparation for this new line of work, and systematic instruction and investigation along these lines is becoming more general.

All these facts are most encouraging, and will in time lead to great and lasting results.

But there is one phase of the subject of Mental Hygiene, which appeals especially to me as a general practitioner, and which so far has not seemed to get the recognition it deserves. I refer to the field for the application of the underlying principles of mental hygiene in the home, the school, and in general family practice. Even a superficial inquiry into the causes of diseases that fill our sanatoria and asylums to over-flowing, will show in very many cases, that the beginning of the trouble lies far back of adult life. Teachers, medi-

cal inspectors of schools and health officers do not need to be reminded of the conditions in home and school, in factory and workshop, in stores and on the street, that are daily and even hourly factors in undermining the child's mental health. These are conditions which the neurologist and pathologist does not ordinarily deal Among medical men the general practitioner is the one who comes into intimate touch with the home life of the child, and at his door must lie the responsibility of recognizing wrong conditions and initiating proper prophylactic treatment. moment's reflection will convince every fair-minded man or woman, first, of the necessity of more careful study of the influences surrounding the life of the growing child and youth, and second, of the need of modifying these influences so as to eliminate therefrom as much as possible the factors which lead to retarded development, both physical and psychical.

Let us enumerate some of these factors. They are so well known as to be platitudes, but their influence is so deep-seated and far-reaching, that we will do well to keep them constantly before our mind's eye.

Commencing with the home, we find as predisposing causes for future mental weakness: Diseased parents — mal-nutrition due to faulty infant feeding—lack of proper discipline as the child grows up—over-indulgence in food—lack of normal amount of sleep—undue excitement from unrestrained emotions or prolonged play—unhygienic conditions due to over-crowding and lack of fresh air and proper bathing. These are a few of the most common factors which tend to cripple a child's mentality in early life. Everyone of you can multiply them indefinitely from your own experience.

With the beginning of school life an additional set of factors has to be taken into consideration. Here we get first of all the spirit of competition, which unfortunately commences early in the school life of the child, and which is frequently unfortunately fostered by the devoted parent and the ambitious teacher. This I consider one of the greatest dangers we have to contend with, unless it is carefully regulated. Competition in itself need not be harmful, but when, as is usually the case, it leads even in the lower grades to undue effort to excell in studies or sports, it becomes a menace to mental health and vigor. Examinations for promotion, prize contests, cramming for high marks, how often do we see the evil results in our school children in the shape of headaches, backaches, eye-strain, and irritable tempers. Not infrequently commencing anaemia, chorea, and even hysteria make their appearance, but are often overlooked or set down to other causes, until serious trouble has developed. Then the mischief has been done, and the seeds are sown for future breakdowns.

Fortunately, since medical inspection of school children has become more universal, many of these incipient cases are detected before much harm has been done, and the early recognition and correction of the various more common physical defects of school children, such as adenoids, hypertrophied tonsils, faulty hearing and vision, and abnormal conditions of the spine, will tend still further to lessen the number of those who in their school days are laying foundations for misery of mind as they grow up.

grow up.

The growing boy or girl is subjected during its school years to all the experiences and temptations incident to adolescence. Too often the first knowledge of the mysteries of life comes to the child in so perverted a manner, as to pave the way for a life of suffering and shame. Natural functions, which should have been explained, carefully and sympathetically, by parents or teachers, become the subjects of misapprehension, morbid curiosity abuse, because learned from ignorant or vicious companions. Carelessness or false modesty on the part of those responsible for the bringing up of the child is largely the cause of this state of affairs, and needs prompt recognition at the hands of the medical profession, whose duty and privilege it should be to set right this great and crying evil.

Among medical men the general practitioner seems to be the one who should naturely stem this tide. He it is who comes into the most intimate contact with both parents and children, and from whom words of instruction and warning never come amiss.

It has not been my purpose in this address to outline any new or specific course of action on the part of the family physician in regard to the prevention of mental diseases. Every man must study for himself his opportunities and his obligations in this matter. I simply have sought to briefly lay before you some of the commonest underlying causes, as they have appeal-

ed to me, and to make an earnest plea for

their careful consideration.

If every general practitioner would but recognize more fully his obligation to patients, old and young, along these lines, and would strive in his daily work by precept and example to counteract the influences I have enumerated in home and in school, there would soon be noticed a marked diminution in the number of deficient boys and girls in our communities.

This would mean less physical and mental misery, less crime and fewer instead of more inmates each year in our asylums

and hospitals.

The medical profession stands ready at all times to add to its burdens for the sake of the betterment of the race. Let us all become workers in the broad and fruitful field of mental hygiene, and let us not forget in so doing that the "Child is the Father of the Man."

NEEDS OF THE INSANE OF NEW JERSEY.*

By E. Moore Fisher, M. D.

Senior Assistant Physician at the New Jersey State Hospital at Morris Plains.

Those who, because of official positions, must deal with any of the wards of the State realize that no matter how much provision is made for such persons and no matter what is accomplished, more must be done constantly and continually in an endeavor to prevent these conditions from obtaining, to properly care for the afflicted ones while they require care and to enable them to regain such a condition of mind and body that any future assistance from the commonwealth is unnecessary. Additional means and measures to accommodate and properly care for the insane of New Jersey are an immediate necessity.

It is because of my association with this hospital for a considerable time that I feel able to speak of the needs of the insane in New Jersey and in this paper to tell you a few of the advances being made in the care of such persons elsewhere that appear worthy of emulation, though possibly with modifications to suit local conditions.

HISTORICAL.

The early history of the care of the insane in New Jersey is similar to that in most of the thirteen colonies and can be summed up briefly—Very Scant. The

Crown and after that the commonweath were guardians of the property and custody of the insane who were placed legally along with idiots and minors.

In 1838 Dr. Lyndon A. Smith, president of the Medical Society of New Jersey, read a paper which has unfortunately been lost, which dealt with the necessity of instituting State care for the insane. The State Society considered the subject of such merit and so ably handled as to be worthy of further consideration and ordered the paper printed and copies distributed and endeavored to interest the State legislature to provide an adequate building so that the insane could be humanely cared for.

In 1843, five years later, Dorothea Dix, who was doing similar work elsewhere, appeared before the State legislature of New Jersey with her celebrated, though now possibly little known, memorial in which she described the condition of some of those insane in New Jersey that she had investigated. This served to startle its hearers and the result was that an act was passed providing for the appointment of a commission to examine sites for a State asylum.

The first asylum was built at Trenton and formally opened for the reception of patients in 1847. Dr. Horace A. Buttolph was elected the first superintendent. He had been officially employed in the Utica Asylum for several years. He aided the Commission in their plans for construction and in designing the institution which stood practically unchanged for many years, though there have been several separate buildings added since the main building was opened.

It was not long, however, beforethe number needing care was greater than the capacity of the building, and one year, 1872, the managers decided not to receive any new admissions and only four patients were admitted during the year; of these two were moribund and their admission was necessary as they could not have lived to return home and died a few hours after, and one recovered.

Because of this overcrowding and the consequent refusal to admit other patients, several counties petitioned and obtained permission from the legislature to build asylums in which to care for those who became insane within the limits they controlled. The two largest counties taking advantage of this were Essex and Hudson, though at the present time there are eight counties that care for some or all of their insane in institutions under county control and which

^{*}Read before a meeting of the Morristown Medical (Tub at Greystone Park, New Jersey, January, 1915.

have no direct State supervision or control. though they receive considerable financial support. These institutions relieved the overcrowding at Trenton to some extent. In 1868-69 a commission was appointed to select a site for another asylum, preferably in the northern part of the State. After several years the site of this institution was purchased and building started. The building was opened for patients August 17, 1876, and 292 patients were received from Trenton prior to the 25th of that month. From this small nucleus, the number had grown to 2,509 October 31, 1914. This date is used for hospital purposes as required by the legislature; it is the close of the hospital year. In passing it is worthy of mention that this is nearly 900 persons in excess of the number for whom there is adequate accommodation.

These buildings erected in 1876 were places of detention and because of being little more than custodial in character, were properly known as asylums. Now following the instalment of hydrotherapy and electrotherapy and other scientific improvements they are properly known as hospitals.

The names of asylums were changed to hospitals in this State in 1893 by the legislature in recognition of the early beginnings of scientific care under the present medical director, Dr. B. D. Evans.

In 1894 the first training school at Morris Plains was opened, a two year course being the first requirement; this was changed to a three year course in 1910. The course includes training in all subjects in a nurses' curriculum and special work in mental diseases. There are operating rooms for all necessary surgical operations and a non-resident consulting staff who help in diagnosis, operations and special examinations.

Placing before the public clearly the change in the character of the work done in State hospitals is one worthy the attention of all practicing physicians as it is through them that the prejudice against these institutions must be broken down if those suffering are to receive the care they need and which is of most value early in the disease. It is a matter of record and possibly within the knowledge of some present that at no remote date a largely similar feeling existed against those institutions known as general hospitals. It was thought that it was almost equivalent to a sentence to death to order a patient to a hospital, especially if surgical operation was considered necessary. Happily this has changed and there is distinctly noticeable a similar favorable trend of opinion toward hospitals for the insane.

OVERCROWDING.

Because of the overcrowding and resultant evils there is almost as much need that something be done for the insane in New Jersey as there was for the construction of the first institution prior to 1847. Neglect, insufficient food or brutality which, because of ignorance, was possible then would not be tolerated now, but the existing lack of sufficient room is to-day a serious menace to the health, a hindrance to recovery of the insane and a handicap to those who treat them.

A commission appointed by President Wilson, while Governor of New Jersey, in presenting its report, recommended that at least two colonies be established to provide quarters for the chronic insane who could do almost enough work to be selfsupporting. The appointment of commissions without power to act but only to recommend remedial measures is not in itself of any real value and only tends to delay action. There is nothing to be gained by delay. The excess of patients to the adequate accommodation in the two State hospitals is increasing and is now so great that a third hospital for 1,000 could, if ready, be immediately filled while the two hospitals now being used would remain fillled to their capacity as provided when constructed. The annual net increase here at Morris Plains alone is over 100, so that in the two or three years before an institution if commenced at once would be ready, about 500 more patients would need accommodation.

The establishment of colonies for the chronic harmless insane, such as is being used in Massachusetts at Gardner could be provided at much less cost than the buildings similar to those at present in use. At least 40% of those now cared for would fall into this class and could be engaged in useful occupations with a considerable amount of freedom. At present the mingling of acute cases with chronic patients interferes with their recovery and makes harder the work of those caring for them. It is impossible to set aside wards for those acutely ill whether the condition is mental or physical, or a combination of both.

To show the seriousness of the increase of insanity and to point out more clearly that the over-crowding is likely to continue unless something is done, it was shown in statistics collected by the United States Government that in the six years prior to 1910, the insane under institutional care increased more than 25%, while the population only increased half as rapidly, 12%; contrary to the belief of some statisticians that most cases come from the country districts where the monotonous existence has a tendency to drive those who live there insane, the fact is the majority of cases come from the cities. This may be due to the prevalence of vice and inebriety among the urban populaion; the difference is 41 per 100,000 in the country to 86 per 100,000 in cities. The proportion who become insane from the above cited causative factors is one-sixth the total number; in the country districts they are 4.3 for every 100,000, and in the cities 18.

EARLY TREATMENT.

The necessity for early treatment of the insane may be brought out more clearly by a few figures. Nearly 80% of those who recover do so within twelve months of the onset of their psychosis. The earlier a person is put under proper surroundings and given the necessary care, the greater is the probability of restoration of mental health. It should, however, be added that nearly 60% of admissions to this hospital are suffering from mental diseases that are considered to leave irreparable mental impairment. These include various forms of dementia, paretic, precox and senile, primary paranoias and imbeciles. possible that within a few years we may be in a position to help even some of these by adequate early treatment. It may be going too far to expect the general practitioner to send every incipient case at once to a properly equipped hospital, but as most of you know a patient with mental trouble may so disturb a whole household that years are required to repair the damage done by them in the few weeks they are treated at home, especially if the patient is homicidal, suicidal or afflicted with insomnia.

The main reason that many do not like to send their relatives or friends to a hospital for the insane is because of numerous legal questions that arise which almost attach a criminal stigma to the proceedings. The admission is complicated by legal restrictions and it is exceedingly troublesome and difficult to have a person promptly cared for in those institutions that are best equipped to provide them with the requisite treatment however great the paramount interests involved may be. We do not wait for legal papers when patients have scarlet

fever or smallpox, or in surgical emergencies, to send them to hospitals. Restraint is used, if necessary, to keep patients with typhoid fever or pneumonia in bed and forcible measures are used to carry out physicians' orders in these cases. It is as if we were afraid of each other and were anxious to put each other in insane hospitals that so much red tape must be slowly unwound while the sick man suffers from neglect or lack of opportunity to use early what the State has provided for his needs. In any State where the laws governing the admission of the insane are complicated, a smaller percentage of those requiring care are admitted to the hospital.

Provision should be made for earlier care of the insane under proper medical supervision. The way this is handled now is to put them on a par with criminals, the insane usually must be taken to a po-

lice station or jail.

Dr. William H. Hicks, in a report to the Essex County Medical Society, speaking of the insane in Newark, made an extensive criticism of the wrong, unjust and often cruel method of committing patients. They are compelled to be handled by the police department, their medical officer and the police ambulance, more often in the patrol wagon as if a criminal before they can be admitted to the city hospital and called for action that would allow the admission of patients on the request of any properly qualified physician to a hospital where, if insane, a patient is only under observation or treatment for a very brief period before being regularly committed to either a county or State hospital for the insane.

After recommendations from physicians the people, taxpayers and others are often called upon for contributions to hospitals. Some hospitals receive annual grants from counties and municipalities, some financial aid in other ways from public funds. It seems to me that before money is given an agreement should be reached that the insane of the district should have proper accommodation in the general hospitals. The well-to-do are, as a rule, not subjected to the same treatment, do not suffer from the same inconveniences as the poorer classes. Physicians because of the charity they practice should take an active part in this important propaganda for the public welfare. The sanction of the legislature to the admission of patients at their own request (voluntary patients as we know them), was a step in the right direction, but we should go further. Establishing clinics in connection with every general hospital where the poor who fear they may become insane may receive advice; where those anxious about a relation's or friend's condition may be given the candid opinion of an unbiased investigator, and if there is danger of such ones injuring themselves or others, or for other reasons sent to a hospital, information given as to how they may be committed with as little trouble, expense or notoriety as possible.

PSYCHOPATHIC WARDS

During the past few years the study of insanity has grown to a considerable extent. This has been so noticeable that the Journal of the American Medical Association devoted most of its pages in a recent issue to the subject of how much time was devoted in the various medical school to the study of psychology and psychiatry, and also to how many clinics were held and special lectures dévoted to these subjects during the medical course. Needless to say, in most schools the subjects received scanty attention and the courses were not considered very important though in many the professors and lecturers were leaders

in this specialty.

Intensive research has, however, made considerable progress in various States or localities. This is provided for in various ways, in the State of New York the Pathological Institute at Ward's Island receives specimens from all the State hospitals that appear worthy of special work or have a bearing on any line of endeavor. They have also wards for treatment, observation and examination of patients who are selected by those in charge from the admissions and who, if they do not recover, are subsequently admitted to the State hospitals. Physicians serving in the State hospitals are selected for regular courses at the institute where they become acquainted with work done and newer methods of examination and treatment. In Michigan, similar methods are carried out at Ann Arbor, where the hospital is controlled by the State Board of Charities, but the teaching is done by members of the faculty of the University of Michigan. Illinois has a psychopathic ward at Kankakee and an observation hospital for Chicago has been opened in the past few months. Massachusetts has done good service in Boston principally, in opening the Boston Psychopathic Hospital which is a clinic, institute and hospital in one. It is within sight of the Harvard Medical School, whose students work in the wards. Those who are thought insane in Boston are received in

this hospital. Those who appear of some interest for purposes of study are kept here and the others sent to the State hospitals. There is also a large outdoor clinic to which many ex-patients return for advice and persons discharged are watched over by investigators and after-care social workers. The head of the Boston State Hospital is head of the Psychopathic Hospital, but the actual work is in charge of a director. Maryland is planning to have a similar building in connection with Spring Grove, where first care will be given to all those from Baltimore who require it. In other places there are wards of general hospitals where those thought mentally ill can receive care and attention. In connection with Bellevue in New York City is such a ward; nearly all the insane of the city pass through this, but few are kept for any length of time. Many persons are sent by the courts for varying periods of observation when their conduct or actions have been such as to make them a menace to the community. Acute cases often recover in Bellevue without the necessity of commitment to a State hospital. Newark, New Jersey, has a ward in the City Hospital with similar functions, where those who are peculiar can be cared for under proper supervision until it is determined definitely if they require State or county care for any length of time. In Albany, Pavilion F receives and treats insane persons, many recovering there and not being admitted to the State institutions. The Phipps Psychiatric Clinic is in connection and under the control of the Johns Hopkins Hospital in Baltimore and has connected with it also clinics and after-care workers, receives cases from other wards of the hospital who become insane together with many new admissions. Those with little hope of re-covery are moved to the State hospitals or taken back to their homes throughout the country. The medical students have to do a certain amount of work in the wards and there are a number of specially trained investigators on the staff.

New York City has had for about three years what is known as a "clearing house for defectives." This is connected with the Post Graduate Hospital, and all children who do not get along well in school, together with many adult mental misfits are referred there by the courts, school teachers, social workers, physicians and others. I might say in passing that we see cases from New Jersey there, and all we can do for them is give advice as New Jersey has

made no provision for providing for most of these cases. To return to New York City, under competent physicians, psychologists are employed who make on all the persons sent there complete mental examinations, grading these cases by means of the Binet-Simon and similar tests after which they may be recommended to ungraded schools or committed to various State or city institutions. Complete records are kept and the after history is care-

fully followed up.

These examples will show what is being done but do not by any means exhaust the list or mention more than very briefly the uses such institutions have. I would like to add a few other uses. Patients admitted to such wards and institutions do not, if recovery is early, need any legal commitment to State hospitals. They do not have that mental depression and agitation that sometimes follow admission to a State hospital and no record of such admission

follows them through life.

All the members of the hospital staff can be easily called on for consultations including surgeons, internists, gynecologists, oculists, aurists, etc. Persons from other services can be transferred to these wards for treatment where it often means loss of life to send them some distance to a State hospital. We have frequently admitted a patient with an acute mental condition who has a physical ailment that has been aggravated by their being moved. there is necessity for commitment to a State hospital from a psychopathic hospital, this should be made as easy as possible. The case should not come into court at all, unless it is at the instigation of the patient, his relatives and friends; the certificates of two properly qualified practicing physicians should be all that is necessary. As Dr. W. A White says: "I would not insist, so to speak, on cramming an alleged constitutional right down a patient's throat at the expense of his life." There is no need to insist on a legal process that is not wanted by the patient, his friends or his relatives.

CLINICS AND AFTER-CARE.

As has already been mentioned, most of the psychopathic wards or hospitals maintain clinics and have after-care associations connected with them. It would be wise to enlarge on this and establish such organizations in connection with and under control of each State hospital. Discharged patients should be expected to return for examination and advice from time to time. A little therapeutics may avoid a relapse or a recurrence. Difficulties can often be straightened out. The positions obtained are probably not suitable to the mental capabilities and unless changed the constant endeavor to make good at too tiring or disagreeable occupations may give rise to future mental breakdown. These clinics can be helped by field workers and after-care associations which keep in touch with those who have recovered their mental equili-brium and are often able to obtain that employment best adapted to the individual's special needs. Clinics in the State hospitals should be established where the physicians practicing in the neighborhood might attend. The regular staff meetings where all patients are presented and examined and a diagnosis is made so that a course of treatment may be mapped out would be more interesting to the staff and of vastly more benefit to the patient if the physician sending the patient for treatment and who may know matters of importance in the family history, or has perhaps treated the patient or other members of the family over a considerable length of time, were present in co-operation with the staff and able to give a detailed account of the onset and early symptoms of the psychosis.

While there is no doubt that some of the county hospitals give that order of care and attention to their patients that is upto-date in every sense of the word, there are others that do not do so. They have no resident physician; if they have one, no one to relieve him; they may have superintendents who are not physicians; there is no competent medical daily attention; no following the patients' cases and in many no records except the most scanty; no licensed pharmacist to dispense the medicine ordered; no consulting staff of alienists or neurologists or any other specialty. Nothing in the way of electro-therapeutic, hydro-therapeutic equipment or pathological laboratories and no methods for re-educating the patients as can be found in the State hospitals. As Hon. J. P. Byers suggested, such county institutions might possibly until suitable institutions are provided by the State, take care of those whose mental condition is due to senile decay or the chronic insane, but the acute cases should be sent where every possible provision has been made for their treatment.

Personally, I believe that all insane, no matter what the cause or what the duration of the condition, should be under State care and supervision, and at times have thought that it might be

better if such supervision was national in character which would, to my mind, tend to an increasing uniformity in methods of treatment, and if careful clinical data were kept and compared would soon establish reliable scientific lines of therapy to employ in each psychosis.

EMPLOYMENT.

Everybody is benefited both mentally and physically by labor of some order and in none is the benefit so marked as in those with mental disease. The necessity of employment for the insane or ergotherapy has been recognized ever since they have been cared for under any form of supervision, but it has only in recent times been given that order of scientific attention it deserves. Until recently the most that was done was to allow patients to help clean the wards or to make articles to improve their appearance; some of the men working on the farm and possibly both men and women in the culinary department. It is being carried now to a much higher plane, an endeavor being made to provide employment which is suitable for each individual case under proper careful oversight and by means of trained instructors. Beginning with making use of the destructive tendency so common in the insane as well as in children, they can be allowed to tear old clothes, but to tear them into pieces of arranged width that can be used to make rugs similar to the rag carpets of our earlier days. By allowing patients to watch others who are doing this they begin to be anxious to help if it is only by winding the rags torn and sewed into balls ready Some who watch others for weaving. weaving raffia are conscious of a power stirring within them to also become the originators of something useful, beautiful or possibly fantastic. The idea of creating, the producing of anything no matter what, the wish to really accomplish something is often a great step toward recovery as it is a sign that interest is awakening in that which is outside and not wrapped up in themselves. This is a step toward breaking the reserve and reticence with which the mind is enveloped, a letting in of new bright ideas and thoughts which take the place of morbid unwholesome ones and lead to a more active mentality which is often a forward step on the road to recovery. The teaching may be slow, the reaction to stimuli retarded but patient effort is generally rewarded when the awakening of new impulses is accomplished. Training by methods similar to those used in kindergartens is often followed by good results and leads to more advanced technical studies. For these reasons most institutions are putting in apparatus where the patients can be employed at various industries. This is often not accomplished, however, until great opposition has been overcome. Some of those opposing these innovations consider them waste of time and money; others that they are antagonistic to organized labor. Surely any method that may and has been proved in many cases to restore insane to their homes and make them self-supporting citizens is worthy of our best efforts and should receive out most hearty support, commendation and endorsement.

After repeated urgent solicitation by the medical director, the legislature appropriated funds for an industrial building in connection with this hospital where the patients de printing, book-binding, brush, broom and basket making, carpentry, raffia work, carpet weaving, arts and crafts and other employment. This has proved so advantageous that a further sum to enlarge the building and add to the equipment has been appropriated. Competitive gardening has also been beneficial and adds open air exercise to the other steps taken to overcome a patient's introspective condition.

CONCLUSION.

To briefly summarize the needs of the insane in New Jersey in conclusion, I would say: 1. They urgently need additional accommodation which may perhaps best be done in establishing colonies for the chronic insane where they can be kept employed at suitable occupations. 2. Early treatment is a necessity. 3. Psychopathic institutes or wards should be established in connection with general hospitals where, besides the actual early care, the insane may receive scientific nursing and treatment by all means that may facilitate recovery and where, by painstaking laboratory methods, clinical, psychological and pathological examinations, the cause may be ascertained, the results shown to medical men and prophylactic measures adopted to prevent other cases occurring if possible. 4. The laws dealing with the commitment to State hospitals should be simplified so that patients should not be treated so nearly like criminals. 5. Clinics should be established for persons who fear insanity; have partially or completely recovered and wish further advice and along with these after-care associations to visit and advise those who desire it in their homes. 6. Teaching of

normal and abnormal psychology and psychiatry in medical schools should be allowed more time on the curriculum. Postgraduate teaching and attendance at clinics at State hospitals should be provided for. 7. Re-education of the insane by means of proper employment is necessary.

These may be utopian dreams, but by trying these means it may be that those who have the misfortune to become insane may be sooner restored to health and the increase of mental disorders checked if they

cannot be entirely prevented.

THE TREATMENT OF EMPYEMA.*

By EMERY MARVEL, M. D., F. A. C. S. Atlantic City, N. J.

At this season of the year respiratory troubles are prevalent, and to study the complications and sequellae of these affections at this meeting would seem appropriate and timely. Of these conditions that of pleuritic involvement, especially pyothorax, is not the least important. In fact empyema, due to the rapidity of its progress and the significance of its involvement, together with the hazards it implies, becomes one of the most, if not the most important of these complications. Mindful of this fact, I am prompted to offer for discussion the subject of the care and treatment of this disease.

The characteristic pathology is a collection of pus in the pleural cavity. Although much interest may be manifest in the diagnosing and determining its existence, it is assumed for our discussion that the fact has been determined and consideration is directed for its care. Pus in this location, as elsewhere, will assert its pernicious influence upon the afflicted; manifestly active in the septic organisms and by the evils of the septic toxic products. Destruction of blood cells, combustion of tissue, and general toxemia hazard the individual. In addition to these evil influences there is local embarrassment of the lung due to physical pressure, and the deposit of fibrin upon the lung surface, thereby reducing the lung's function, and may be, placing the organ entirely out of commission. It invites prompt remedy, and if not secured, threatens the penalty of death or permanent crippling of the lung.

Medical treatment has no curative influence upon this trouble; it has no value in removing the inflammatory products. Tonics, selective nourishment and hygiene may do service for the general condition of the patient, but these are ineffectual in controlling the pus activities. Sera and vaccines are lacking in evidence sufficient to impose upon us the duty to use them; and they are wanting in proof that either has ever favorably influenced the acute process of the disease. The medical treatment relates to the patient only; the disease is always to be treated surgically. In the treatment of this trouble one invariable rule must be the guide—drain the pus as soon as it is discovered.

Aspiration is referred to as a possible benefit in cases of recently formed pneumococcic collection, but I fail to find any credentials of recent writing where a surgeon or physician will tolerate this procedure for other than diagnostic purposes. Holt collected 139 cases treated by aspiration, of which thirteen died and 101 were afterwards subjected to other treatment. Murphy has in selected cases aspirated, and then introduced formalin-glycerin solution into the cavity to sterilize the infection and later reaspirated. Benefits from this plan of treatment have accrued in some selected cases, but the results have not justified the common use of the method as judged by most surgeons.

Empyema should be treated as any other abscess; by incision and drainage. Intercostal incision through which tubes are inserted into the pleural cavity for drainage may be effectual in a small percentage of cases. When the pus is of recent formation, or of pure pneumococcic origin, drainage may be fairly satisfactory by this method. The pus under such conditions is usually quite thin and flows easily, and due to this physical property together with the fact that the pneumococci tend to self detruction, incision and drainage obtain satfactory results in a limited number of cases. The method is not to be depended upon, and if practised courts disappointment, occasions troublesome care and handicaps the best ultimate results. Drainage to be effectual needs to be continuous, while periodic shutting-off of the flow fails to secure the desired effect. The intercostal space is so limited that rib compression on the intervening tube defeats the exit of pus. When a tube is so used it is very likely to be compressed and rendered useless. DeForrest Willard states: "The intercostal space in children is so narrow that free drainage cannot be secured without the removal of a

^{*}Read before the Atlantic County Medical Society, April 9, 1915.

portion of a rib." He further states: "A soft rubber tube will be pinched and obstructed, while a hard rubber tube gives pain, or will produce a pressure necrosis of the ribs." Doubtful if any other surgeon ever had the broad scope of experience in the treatment of this condition in children; doubtful, indeed, if ever lived a more conscientious man in the care of those intrusted to him. Well may we accept this opinion as authoritative. And so I would emphasize the uncompromising statement Willard made so recently as 1910. Doubtful if this method of treatment warrants such liberal discussion. We are prompted to dwell upon it since in conferences local doctors have discussed the subject, endorsing incision and drainage and intimating very strongly such was the treatment of choice, at the same time denouncing rib resection as unwarranted. My conviction is that incision and drainage without resection fails to do clearly defined duty; such treatment imposes all the inconveniences of a thorough operation, without obtaining compensating benefits. To palliate in such a way in most cases is not only useless but dangerous, since it costs all the hazard of a more thorough operation that frees the evil agent; and fails in itself to do what was attempted, but instead lets the pus remain for continued and greater jeopardy. this opinion authorities are in accord. venture to give some of these opinions in further extenuation of this argument. Not alone the surgeons and medical men, but also that special group of medical men whose studies are more directed to this disease—the Pediatrist. Kerley states: "In recent involvement in a child one or two years old, incision is all that may be required. In older children, or in prolonged condition in a young child, resection of rib is to be advised." "In children over two or three years resection of one or more ribs gives best results," writes Rotch. Quoting from Pfandler and Schlossman — "Resection of ribs affords the surest method of evacuating the pus." "Resection is necessary when good drainage cannot be secured by simple incision," writes Holt. In citing these opinions, the modifying conditions when any is expressed, has to deal with young children —children specified to be under two years of age—and the consistency of the pus. What, if any advantage, incision and intercostal tube insertion offers over rib resection is questionable. It may be contended that rib resection is more hazardous, but is it? In either procedure anesthesia, either

general or local, is required. When anesthesia is secured it needs not to be prolonged for resection; such can be accomplished before return to consciousness. That there is additional traumatism is doubtful, and certainly it is that subsequent care after operation favors resection.

"The proper method of preparing the way for free drainage of the pleural cavity is subperiosteal resection," was the opinion of Senn. Le arre, the French authority, asserts "that complete evacuation of the pleural cavity and proper drainage can only be obtained by costal resection." Burchard recommends resection as a routine; and Choyce recommends removing section of rib to be the most satisfactory, Von Bergman, as translated by Bull, states: "The method in general use consists in thoracotomy with partial resection of rib. Johnson in his recent work teaches that; "this operation incision and drainage—which is only slightly simpler than resection of a rib and less certain in its results, has almost been entirely discarded in favor of the latter proccdure." Binney tells us "rib resection does not increase the immediate risk to any extent and the advantage gained from it in securing free and permanent drainage more than balances any additional danger incident to the operation." There is but little difference of opinion that costal resection should be done in all cases over two years of age; there is no difference in opinion that resection is the most dependable method of complete drainage in all cases.

Anesthesia is wise if not imperative. Local anesthesia has much to commend it and is preferred by many surgeons. In excitable children and very nervous individuals a general anesthesia is necessary. Chloroform for obvious reasons is preferred to ether, and is the choice of the two by most all surgeons. Ether is irritating to an already affected bronchial chain, and is a greater burden to bear by the respiratory organs. Chloroform is better tolerated, less disturbing to the patient, more rapid in its desired effect and yields to recovery more

rapidly.

The incision may be linear or curved, leaving the selection for individual needs. Curved is usually preferred. The rib is sectioned, the periosteum freed and the severed piece lifted free. Incision is made through the groove left by the removed bone. No blood vessels need to be severed, and rarely a nerve is disturbed.

Irritation with strong antiseptics is to be avoided, while the use of sterile water or

salt solution requires caution. In certain conditions it is not only admissible, but strongly advised by eminent men. In fetid pus when masses of material are present it is urged by most men. Accidents have been attributed to its practice. Billings reports a death during irrigation. Its danger is manifested by respiratory-syncope, and, if evidenced at all, is evidenced at the time of irrigation. Injection of warm salt solution may be judiciously used to cleanse the drainage tubes. Surgeons and clinicians differ upon this subject, but the preponderance of opinion is against the routine use of irrigation of the pleural cavity, but it is recommended when certain conditions are present. Brewer writing in Keen's system of surgery defines its use—"being rarely advisable unless the discharge is fetid or contains masses of material.

Drainage is provided by two pieces of rubber tubing, which may be placed together. The pleura with periosteum may or may not be sutured, the skin and muscle flaps are sutured. Due precautions to prevent tubes slipping should be exercised. Absorbent dressings are applied, which require changing at frequent intervals. stead of straight rubber tubes, short tubes with flanges may be used. Two such types are known respectively as Henry's and Wilson's empyema drainage-tube. While these tubes have the advantage of a flat surface in contact with the pleura, and a flange to prevent slipping away, the accommodation for pus collection under the flange and the difficulty in removing them are objections

to their use. Post-operative treatment is important. Locally the wound should be kept clean; the tubes removed at intervals and replaced by smaller ones until the cavity is sufficiently closed to omit the tube entirely. Breathing exercises should be practised. Blowing the fluid contents from one Wolf bottle to another is one means suggested, while another suggestion is blowing soap bubbles. The hygienic habits and the nutrition deserves special attention. chronic cases autogenous vaccine yields helpful benefits. The penalties paid on account of procrastinating in early cases by the imposed chronic conditions are severe, and it is to be hoped that the chronic cases will grow fewer by prompt pus evacuation in the acute stages. Resection of not one, but the expanded portion of all the ribs of the affected side of the thorax becomes a necessity when prolonged suppuration in the cavity has produced a collapsed lung; cr contraction of its surface to such extent that expansion cannot be re-established. Decortication of the lung surface may partially re-establish function, but is tedious and even doubtful in results.

These considerations leads us to conclude that empyema is an abscess requiring the treatment of an abscess elsewhere. The treatment is surgical, and the earlier its application the better. Aspiration with, or without injection, except in rare cases is unwarranted except for diagnostic purposes. Intercostal drainage, except in a certain small class of cases, such as those of recent origin possessing thin fluid, is not effectual, and encourages unfavorable progress. To secure free drainage is the need, to do which requires the resection of one or more ribs. The treatment of empyema is free drainage of pus as soon as possible.

THE CELLULAR FACTOR IN ARTERIOSCLEROSIS.*

By Louis Faugeres Bishop, A.M., M.D.,

Clinical Professor of Heart and Circulatory Diseases, Fordham University School of Medicine, New York City; Physician to the Lincoln Hospital.

I highly appreciate the compliment of your invitation to be with you this evening and to explain to you certain theories of cardiovascular-renal disease, which are the outcome of a study of the problem of the treatment of these conditions that has been carried on for some years. So if the conclusions that I have reached at this time are radical, they are, at least, not the result of immature consideration, and have been tempered by the test of application in actual practice.

The past twenty-five years have seen vast changes in medicine and surgery. The advances in surgery and in the recognized specialties are widely commented upon and generally known, while the advances in our knowledge of cardiovascular diseases are

not generally appreciated.

The disorders of the heart beat are now quite thoroughly understood, but there is a tendency to allow this subject the relatively excessive amount of attention that was given for so many years to valvular disease. Undoubtedly, everyone suffering from valvular disease and everyone suffering from a disorder of the heart beat should have the benefit of an accurate diagnosis by the modern methods of examination, but the really im-

^{*}An address delivered before the Orange Mountain Medical Society, April 16, 1915.

portant things that should follow are an appreciation, as far as possible, of causes and the elaboration of a suitable plan of treatment. In the past, these have often been neglected in the over-enthusiasm of the pathologic anatomist and the student of disordered physiology.

Recently a newly recognized disease has loomed large on the horizon, which has taken to itself an old name, and it is of this that I have been invited to speak.

It is unfortunate that arteriosclerosis, the general disease—the fatality of which is so frequently spoken of—should share its name with the calcareous degeneration of the arteries that is physiologic to old age and the fibrosis of the arteries that is seen in syphilis, lead poisoning, and secondary to kidneys seriously damaged by infectious disease. It is the presence of these conditions in our clinical experience that makes it so difficult to get a clear conception of the general diseases, also called arteriosclerosis, that is claiming as its victims twice as many valuable lives as it did thirty years ago.

It was Huchard who said that the reason our knowledge of "arteriosclerosis" was so slow in developing was that we had mistaken the lesion of the disease. A thickening of the arteries and an increase in connective tissues in the heart, kidneys and other organs are the result of the disease, and not the disease itself. The disease itself is a disturbance of metabolism and affects in a greater or less degree all the cells in the

We have heard the discussions of physicians in the presence of advanced cardiovascular-renal disease as to which of these organs was the originator of the trouble, and there was seldom any agreement as to whether it should be called heart disease, Bright's disease or hardening of the arteries. Nor was there any conclusion possible because the disease consisted primarily of a disturbance of the relation of all the cells in the whole body to those nutrient substances upon which the life and health of these cells depended. It is this process by which the cells of the body are nourished that we call metabolism. Food enters the body and by certain elaborate processes undergoes stomach and intestinal digestion. Afterward, each cell must select and redigest this food material for its own particular purpose. The importance of metabolism, while verbally acknowledged, is seldom thoroughly appreciated. Upon an appreciation of its relation to cardiovascularrenal disease depends the prevention and treatment of these conditions.

First, there is the general disorder of the cells of the whole body, without special localization. Later, some particular organ has suffered sufficiently to give symptoms. If it is the heart, we call it "heart disease; if it is the kidneys we call it "kidney disease" and so on.

"Arteriosclerosis" is the name that is given to the general disease that finally results in organic damage. I have tried very hard to make this conception clear, for many failures on previous occasions do not leave me with a feeling that the distinction between arteriosclerosis, the disease, and arteriosclerosis, the lesion, is easy to make. So much for the nature of arteriosclerosis, the general disease.

Now as to its cause and treatment:—

The cause is to be found in a change in the bio-chemical relations of the cells to particular proteins. This change is in the nature of a sensitization that may result from some severe illness or great nervous shock, or from actual poisoning by a particular protein which has been absorbed in a crude form or in very great quantities. When the cells have become sensitive to a particular protein, so long as the protein comes in contact with them, they are liable to irritation and destruction. This is analogous to the phenomena of anaphylactic shock.

If there is any one thing that has been made plain by our advance in the knowledge of bio-chemistry, with all its ramifications into the domain of ferments, hormones and so forth, it is that qualitative are far more important than quantitative relations. The amount of a particular protein that is necessary to cause a reaction in sensitized animal is so small as to be The minuteness almost inconceivable. of the quantity of a particular food that can keep up the irritation of the cells in a person who is sensitive and continue the process of the development of arteriosclerosis is surprising.

Of food idiosyncracies producing conscious symptoms, there are instances without number. A year ago, when I spoke on this subject in New Jersey, a physician present told me that his child was so sensitive to fish that if a small piece of fish was given to it concealed in a whole potato the child became violently ill before it could leave the table. You could relate an infinite number of instances of this kind. Of acquired food idiosyncracies which do not produce

disagreeable symptoms but which have resulted in cardiovascular disease. I see a

great many examples.

The lesson to be learned is that if we are to accomplish anything by diet, it can only be by a very strict diet that absolutely excludes the offending proteins. In my own experience the low protein diet has been a failure, while the form of diet to which I have given the name, the "few-protein diet," has seemed to be brilliantly successful.

The experience of mankind in general and professional experience in particular teaches us that sensitiveness to meat is very common in cardiovascular-renal disease. I have also seen numerous instances of fish sensitiveness and not a few of egg sensitiveness. Persons with advanced arteriosclerosis are usually sensitive to all three classes of protein.

As the general disease, arteriosclerosis is essentially an example of chronic food poisoning and castor oil is recognized as the great remedy in food poisoning that is used freely. Ordinarily I start with a full ounce every other day for three doses, and later on give it at intervals of from one to four

weeks

Outdoor exercise, as being the great promoter of healthy organic activity and the great stimulant of metabolic processes, is insisted upon.

Disturbances of damaged organs, as manitested by anginal pain, palpitation and so on, must, of course, be treated.

The great enemy of arteriosclerosis is the supposed specific. At the present time radium is making itself very troublesome. No specific can do away with the necessity of the recognition of the particular protein or proteins to which the individual is sensitive and its removal from the dietary, and because the relation is qualitative and not quantitative, no very good results can be expected unless the removal is complete. Many failures can be traced to slight indulgences in the offending proteins.

I have not touched upon the bacterial cause of arteriosclerosis, but, as Vaughan has pointed out, bacteria are harmful, if at all in exactly the same way as are the proteins.

In my book I have elaborated this matter in all its details, but I trust that the outline I have here given will be enough to open a discussion and awaken a more specific interest in the prolongation of lives menaced by the danger of cardiovascular breakdown.

54 West Fifty-fifth street.

PATHOLOGY OF CYSTIC TUMORS OF THE OVARY.*

By Abraham Rothseid, M. D., New York University Medical School.

In the short time at my disposal it will be possible to give you only a very brief review of the pathology of this condition. The object of this summary is to recall to your minds the physical basis of the clinical entity to be discussed in the next paper.

Cystic tumors of the ovary may be classi-

fied as follows:

I. True neoplasms of ovary: (a) Cystadenoma—pseudomucinous or serous; (b) Papilliform cystadenoma—pseudomucinous or serous,

2. Cystic degeneration in ovarian tumors: (a) Cystic fibroma; (b) Cystic Sarcoma; (c) Cystic Carcinoma; (d) Cystic adenocarcinoma.

3. Retention Cysts: (a) In chronic oophoritis; (b) follicular cysts.

4. Congenital Cysts: (a) Dermoid cyst; (b) Cysts of Pfluger's tubes.

I. TRUE NEOPLASMS OF THE OVARY.

(a) Cystadenoma—The origin of these tumors is unknown. Theoretically they may be derived from epithelium of the follicles; from the corpus luteum; from the superficial germinal epithelium; from the tubules of the paroophoron, etc. It is difficult to come to any satisfactory conclusion

as to the origin of these cysts.

Description—These tumors may be unilateral or bilateral, and vary greatly in the size they can attain. There is usually one main cvst of large size and several subsidiary or daughter cysts. Their characteristic feature is the formation of regular gland acini, showing a single layer of epithelial These tumors are distinguished by the constant proliferation of the epithelial elements in the form of acini. This occasions the multilocular character, new cysts springing from the walls of the original cavity. The cyst wall is tough, thin and transparent (sometimes thick). Microscopically it is composed of two layers; outer dense and fibrous, inner cellular and vascular. They are lined by a single layer of columnar epithelium. There may be more than one layer of cells. Owing to the accumulation of fluid the cells may become flattened and atrophied. or they may become fatty and desquamated.

^{*}Read before the Section in Gynecology of the Academy of Medicine of Northern New Jersey.

Contents of the Cysts—This may be ropy, gelatinous or serous; transparent and colorless, or yellow, or reddish or reddishbrown, or it may be turbid and colorless, or variously colored; red, brown or chocolate.

(b) Papillary .Cystadenomata — The origin of these tumors has been variously referred to the follicles, the germinal epithelium, Wolffian rests, or the parovarium.

Description — They are usually smaller than the last variety, the cysts are fewer and do not contain colloid material. The interior of the tumor is filled more or less with warty, villous or tree-like excrescenses formed of proliferated stroma covered by ciliated cylindrical epithelium. The stroma is fairly vascular, but may undergo a mucinous degeneration. Apparently owing to the pressure of this pseudo-mucin the cyst ruptures occasionally and the papillae are then transplanted to the outside of the cyst, where they proliferate luxuriantly.

Contents—Thin watery fluid; sometimes a pseudo-mucinous substance, at times a

bloody fluid.

The Importance of these last two Varieties of Ovarian Cysts—(a) Cystomata soon destroy the ovary, the unaffected tissue being spread out in the wall of the cyst; (b) The papilliform cystomata have a marked tendency to carcinomatous transformation and tend to spread to the peritoneum, causing metastatic nodules in the vicinity, or throughout the entire abdomen.

2. CYSTIC DEGENERATION IN OVARIAN TUMORS.

These tumors represent either a carcinomatous transformation of a cystadenoma or of a papillary cystadenoma, or else they are cysts formed by degeneration occurring in solid ovarian fibromata, sarcomata or carcinomata. These will not be taken up any further, for they do not constitute the subject of the next paper.

3. RETENTION CYSTS.

These are not true neoplasms but develop merely as a result of the distension of the Graafian follicles with "dropsical" fluid. The ovum is thus destroyed and the follicular epithelium flattened. The ovary may be crowded with numerous cysts of moderate size whose adjacent walls may coalesce and atrophy, leading to communications between them. A variety of this cyst is formed by dilatation of the corpus luteum with or without hyperplasia of the walls.

Origin—Apparently due to a thickened condition of the outer layer of the ovary preventing rupture of the mature Graafian

follicles and thus leading to the formation of retention cysts. Such thickening of the stroma of the ovary occurs in the case of chronic oophoritis, chronic perioophoritis and salpingitis. Follicular cysts also sometimes occur in hyperplasia of the follicles associated in young children with precocious menstruation and puberty. In some cases of uterine fibroids follicular cysts of the ovary are present.

Microscopically—The smaller cysts are lined with columnar epithelium, larger cysts with flattened epithelium. The contained fluid is clear serous, like liquor folliculi. The stroma of the ovary shows—in some cases — much induration and sometimes

calcification.

4. · CONGENITAL CYSTIC TUMORS.

(a) Dermoid Cysts: Origin — Embryonic, representing attempt to formation of fetus in fetu.

Description—These are frequently met with in the ovary. They may be small or large, usually unilateral and may be combined with glandular cystomata. The cyst has a smooth inner wall, the surface of which presenting irregular projections and having more or less pronounced characteristics of epidermal tissue. On opening they are seen to contain tallow-like contents mixed with hair. These cysts often contain bone, teeth, muscle, nerves, etc.

Microscopic examination reveals the presence of hair follicles, sebaceous and sweat glands, portions of bone, cartilage, sometimes structure of eye, and even attempts

at limbs.

(b) Cysts of Pfuger's tubes—Under this heading come some of the cystadenomata, as mentioned above.

PATHOLOGIC PHYSIOLOGY OF CYSTIC OVARY. Just a few words in reference to the effect of this condition upon the function of the ovary. Normally the ovary, as some believe, produces an internal secretion which is necessary for health, by a correlation with the internal secretions of other organs as the pancreas, thyroid, hypophysis, etc. It is due to the absence of this secretion they believe that removal of the ovary cause such definite symptoms of disturbed health. On the other hand, there are those, who do not believe in an internal secretion • at all, but claim that the cells of the ovary, as well as of the thyroid, adrenals, etc., come into a very intimate relation with filaments of the sympathetic nerve branches and that in virtue of the influence of these upon the cells that the ovary exercises its profound impression upon the system.

Now, it does not matter which of these theories we accept. Whether we believe in one or the other, we must admit that in the condition under discussion—cystic tumors of the ovary—either the cells producing internal secretion are caused to atrophy due to the pressure of the cysts—if we believe in the theory of internal secretion—or else the terminal filaments of the sympathetic are pressed upon by the cysts, if we believe in the other theory; it follows, therefore, that no matter what our conception of the normal physiology of the ovary is, one conclusion is inevitable and that is: Cystic tumors of the ovary produce a disturbance in the function of that organ manifesting itself in certain local and general symptoms of disturbed health, to be discussed in the next paper.

EARLY CYSTIC DEGENERATION OF THE OVARY.*

By Victor Parsonnet, M. D.,

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It is my intention to devote this paper to the consideration of early cystic degeneration of the ovary from a purely clinical

point of view.

The classical ovarian cyst, reaching enormous proportions, crowding everything out of the abdominal cavity, and killing its victim by simply mechanical pressure. has become a phenomenon of rare occur-The modern methods of physical examination and the habitual insistence, on the part of the practitioner, upon a thorough investigation into the true nature of the cases before adminstering treatment, have resulted in the early recognition of ovarian anomalies and the prompt application of remedies for their effectual relief. Only three cases of gigantic ovarian cysts have come under my personal observation in sixteen years. On the other hand, cystic degeneration of the ovary or ovarian cystoma of small or moderate size is probably one of the most common pelvic disorders.

Someone has said that a perfectly normal ovary is so rare as to deserve to be looked upon as pathological. The nature of ovarian function is to a degree self-destructive. It subjects the organ periodically to a considerable amount of trauma. Everytime a Graafian follicle reaches maturity and ruptures, there practically occurs a solution of

continuity in the ovarian tissue with a scar taking the place of the follicle. The average ovary is a battered and a many-scarred lump of tissue, even when it does not give

rise to any symptomatology.

Cystic ovarian degeneration is to be found in women of all ages. It is the common experience of the abdominal surgeon to find a cystic ovary in cases that come to the operating table for conditions altogether foreign to ovarian disease. Repeated experiences have forced upon him the habit of inspecting the ovaries in every laparotomy upon the female, as regularly as he examines the appendix vermiformis, no matter what the purpose of the section originally may have been. It is my firm conviction that many operations, for various abdominal and pelvic conditions, would be labor ill-spent and energy wasted, if the cystic ovary would elude the attention of the surgeon and would not be incidentally repaired. In a good many of these cases the degenerated ovary is really the primary seat of the trouble, calling for treatment, but is not recognized prior to the operation.

The cystic ovary presents no typical physical signs or pathognomonic symptoms by which one could arrive at an unmistakable diagnosis. It need not necessarily be markedly enlarged, it need not be bound down by adhesions, it need not be ectopic or intensely tender to touch, in order to be distinctly pathological and be capable of giving rise to a chain of symptoms, sufficiently serious to impair the equilibrium of the entire nervous make up, and render the

patient a confirmed invalid.

The textbooks would lead us to believe that, in order to become a factor in the production of symptoms, the cyst must attain considerable dimensions. Nothing is further from the truth. Clinical observation and experience teaches us that quite the contrary may be the case. While it may be true that some patients will experience only a slight amount of discomfort and will seek advice for considerable periods of time after the onset of the disease, the vast majority will present themselves for treatment at an early date. The dictum that there is no symptomatology without an underlying pathology is no more correct than the suggestion that there is no pathology without resultant symptomatology.

The pathological principles that lie at the root of the organic disease of structures in general are no different from those that are at the basis of organic disease of the ovary. In the case of the appendix, the

^{*}Read before the Section in Gynaecology of the Academy of Medicine of Northern New Jersey.

slightest induration at the base or tip, the most trifling congestion, or only the microscopically recognised oedema of the mucosa, are held fully competent to account for all sorts of abdominal right-sided pain. A real or fancied caecum mobile, slight peritoneal membrane in relation with any part of the intestinal tract will be accounted responsible for considerable amount of abdominal distress; but a diseased ovarian cortex with either one or multiple retention cysts all through its substance, the books hold, will frequently present nothing akin to pain or nervous irritability.

The pathological principles involved are identical in every part of the human organism. Retained fluid behaves in the same manner no matter where located. It will form retention cysts with all their characteristic symptoms accompanying them, whether the site will be the ovary, the gall bladder, or the kidney. Pathology recognizes no favoritism and knows no clemency. The time honored views upon the subject under our consideration are attributable to the persistent failure to properly associate the well marked clinical manifestations with

their fundamental cause.

The clinicians of an earlier generation have recommended sustained and forcible pressure with the fist in the inguinal region as a valuable means of aborting a violent attack of hysteria in women. In many instances, when these hysterical patients ultimately come to the operating table, cystic degeneration of one or both ovaries is discovered. The subsequent study of these cases will often reveal the fact that the troublesome symptom complex, known as hysteria, has either been considerably abated, or completely relieved, as a result of the operation.

The medical literature is replete with reports, which tend to establish the existence of an intimate relationship between even slight forms of ovarian disease and most pronounced systemic disturbances. It would seem that the extent of general disability the patient complains of may be out of all proportion to the degree of tissue destruction or pressure within the offending

ovary.

Ovulation is not, as formerly supposed, the only ovarian function. The ovary plays not an unimportant role among the ductless glands, its internal secretion being absolutely vital to the well-being of the woman. One who has been subjected, for one reason or another, to double oophorectomy is a subject deserving of all the pity and sympathy

at our command. Her lack of interest mure, her apathy and cheerlessness, her constant dissatistaction with her surroundings, her mability to explain to the physician what actually ails her, are pathetic to say the least. Her organism is deprived of that something which is called the "internal secretion and its physiological integrity is essentially disturbed. Any disease of the ovary is apt to primarily affect its characteristic functions and give rise to a set of symptoms, which will often differ only in degree from those following complete extirpation of the ovaries. It is customary to divide the cystic tumors of the ovary into three stages. The first, which deals with the cyst before it has reached noticeable size and has risen out of the pelvis is the stage which interests us to-night. At this time the tumors are often barely palpable and there are no specific physical signs or absolutely characteristic symptoms by which they may be recognized. Pain will be present early in the vast majority of cases, but will differ greatly in degree of severity and duration. In some it may be constant and be particularly acute during the period of menstruation. In others it may occur only at the time of menstruation. My personal experience leads me to believe that a well-marked tenderness may be elicited on the affected side in all cases, no matter at what period in the month the examination is made. The pain will be of the character known as ovarian. It may be suggested that such pain may be caused by pressure against a normal ovary. This is undoubtedly true, but it will be more acute and sickening in an ovary which has undergone some degeneration. Pain may be either constant, periodic or will appear only under pressure against the affected ovary, but is invariably present as a symptom of the conditions under discussion. Ovulation, maturation of the ovum and the process of rupture of the Graafian follicle are respectively responsible for the various kinds of pain in the morbid ovary. Maturation of the ovule will cause the periodic pain. The acute lancinating pain will take place synchronously with the rupture of the Graafian follicle, while the process of ovulation is supposed to account for the milder but constant form.

Menstruation is most frequently deranged. Irregularity or suppression of the menses are of common occurrence. Dysmenorrhoea, profuse menstruation, dragging down pains, particularly on the affected side, and occasionally rectal tenesmus will often accompany cystic enlargement of the ovary. The fact remains, however, that all the symptoms enumerated are so commonly manifested in other pelvic disorders that they alone do not form a reliable guide to diagnosis. To them must be added the physical findings, on bimanual examination, as well as the diagnostic method by the process of exclusion in order to make an accurate diagnosis.

In the first or early stage of cystic ovary or tumor, the mass is usually found on one side of the pelvis, or directly behind the uterus in the culdesac of Douglas. It is unusually soft, yielding to the touch, smooth and globular. As a rule it is freely movable, unless it has earlier undergone some inflammatory process, when it may be adherent and absolutely immovable, and so thoroughly incorporated with the adjacent structures as to defy differentiation.

There are numerous affections within the pelvic cavity, that simulate the cystic ovary so closely, from the standpoint of symptomatology and physical signs, that it becomes essential to review some of the most common conditions from which it must be differentiated. A dilated Fallopian tube either in the form of hydro or pyosalpinx, a small parovarian-cyst, extra uterine pregnancy, pregnancy in bicornute uterus. subperitoneal fibroid of uterus, fibroid tumor of the ovary, pelvic hematocele and malignant growths are some of the pelvic anomalies that must be carefully eliminated in arriving at a definite diagnosis. Even fecal accumulations in the upper part of the rectum and backward dislocation of the uterus have been mistaken for the enlarged ovary, but these errors are so rare as to be hardly worthy of serious consideration, for with ordinary care in the bimanual palpation they may be easily avoided.

The hydrosalpinx should be readily distinguished from the distended ovary by its oblong shape, its close relationship to the uterus, and by the fact that the normal ovary can as a rule be outlined above the tube. If the distension of the tube is due to a pyosalpinx, the history of the case will point to a previous inflammation with strongly marked constitutional symptoms, such as chills and fever. The older diagnosticians have been occasionally resorting to aspiration of the pelvic mass, and subjecting the fluid to microscopical examination. If the characteristic epithelium of the tube was found the diagnosis was clinched. diagnostic measure soon fell into disrepute. In many instances it was followed by prolonged pelvic inflammation and was finally

completely abandoned.

Parovarian cyst, when small, usually cannot be differentiated from the cystic ovary, unless the normal ovary can be palpated. En passant, I may say, that the notion that the normal ovary can be easily mapped out in every case is most emphatically erroneous. I know of cases in which the normal ovary could not be felt even with the patient under ether. The differentiation of parovarian from ovarian cyst is really of no significance, since the treatment of the two conditions is identical.

It is most essential to distinguish between extra-uterine pregnancy and the affected ovary. Those among us who had the opportunity of seeing a number of cases of ectopic gestation before rupture, will testify to the difficulty of making a positive differentiation from the physical examination alone. Extra-uterine pregnancy, particularly when located in the distal end of the tube and the small ovarian cystoma present practically the same physical signs. Both are small, smooth, globular masses, both are usually low down in the pelvis, both are usually free from adhesions and are freely movable. Here we must base our diagnosis mainly upon the general signs and symp-The absence of menstruation, the frequent and burning urination, the enlarged uterus and the presence of the usual signs of pregnancy should put us on our

Small subperitoneal fibroids are easily recognized by their close attachment to the uterus and by being firm to the touch, by the presence of menorrhagia or metrorrhagia and the enlarged uterus. When the cystic ovary, through inflammation, becomes attached to the uterus the differential

diagnosis is no longer possible.

Last but not least is the importance of early determining as to whether a given ovarian mass is malignant or benign. The malignant tumors are dense structures, irregular in outline, particularly prone to form adhesions and cause the constitutional disturbances to develop early. Malignant disease of the ovaries is usually bilateral. Sarcomas as well as carcinomas, as a rule, will attack both ovaries simultaneously and extend to the other pelvic organs with great rapidity.

What I intend to emphasize to-night, is not alone the fact, that the cystic ovary in the first stage is a distinct and pathological entity, but a pathologic entity, that one must reckon with clinically; that in our investigation into causation of symptoms in a given case of abdominal or pelvic difficulty in the female, or even in the study of symptoms apparently not pointing to the abdomen or pelvis, we should, as careful clinicians, not lose sight of the possibility that the cystic ovary may be the chief or even the only factor. Just as a chronic inflammation of the appendix may be the only cause of persistent gastralgia and severe digestive disturbances; just as a retroverted uterus is often found to be responsible for occipital pain, or backache in the dorsal region; just as a stone in the bladder may be the causative factor of pain in one or both lower extremities, a cystic ovary which need not even be palpable or betray its existence by any physical signs, may be the unsuspected cause of all our patient's complaints.

A fairly extensive personal experience has forced this view upon me and a great many cases could be cited in its support. It would be tedious, however, and probably unnecessary to report them in detail, I will therefore limit myself to the consideration of only one, but a strongly typical case.

Mrs. B., 25 years old, married four years, no children, presented herself at my office for treatment about five years ago. The following were her prominent symptoms: poor appetite, pain in the small of the back, dragging-down pains in groins, painful and irregular menstruation, persistent leucorrhoea, pain on sexual intercourse, great irritability of temper and sleeplessness.

The physical examination disclosed an inflamed and ulcerated cervix, normal uterus a little low down in the pelvis; the ovaries were easily felt, were not enlarged, the right ovary was quite tender to touch, the lower abdomen and the region of the appendix were very painful on deep pressure. Nearly all her symptoms were attributed to the ulcerated cervix and chronic appendicitis. After a prolonged course of treatment, consisting mainly of attention to the bowels, vaginal douching and applications to the cervix, most of her symptoms remained scarcely alleviated; the symptom that was at all modified was that of painful sexual intercourse. With the improved condition of the cervix, intercourse became more or less free from pain. An appendectomy was suggested and refused.

Two years ago the patient again came under my observation, presenting practically all the symptoms enumerated above, only in a much aggravated form. The appendix was a great deal more tender on

deep pressure than heretofore and the operation for its removal was urged with greater emphasis. She finally submitted to laparotomy. The appendix to our dismay presented nothing abnormal; one of the surgeons present at the time of the operation and also present here to-night, suggested consolingly, that the appendix, although innocent to all appearances may be found guilty microscopically. We gave the patient the benefit of the doubt and removed it. The right ovary was then, in compliance with our custom, brought into view and here we promptly found, as subsequent developments have demonstrated, the real seat of the trouble. It was not enlarged and at first sight looked fairly normal; on close inspection, however, we found it studded with minute cysts all through its cortical layer as well as through the deeper structures. We did a partial oophorectomy, leaving behind what in our judgment was thoroughly unaffected tissue. The left ovary was in good condition.

The patient made a rapid and uneventful recovery and left the hospital at the end of fourteen days. She has been under my personal observation ever since the operation. She has remained free from symptoms and whenever seen she is profuse in expressions of gratitude for what the operation had done for her.

It is needless to say, that not all the cases are quite as gratifying, but it may be said with a considerable degree of positiveness, that the vast majority, thus treated, have been distinctly and permanently benefited. The extent of the benefit is usually in inverse proportion to the length of time the patient has suffered from her affliction. In case of long standing, the impressions made upon the nervous system, are probably too profound to be eradicated by the operation.

The treatment of cystic ovary is simple, and it is purely surgical. Someone has said, that when a patient has been under treatment, for some obscure gastric condition for a considerable length of time, and the original symptoms have neither disappeared entirely, nor materially improved, an exploratory laparotomy should be insisted upon. Many cases of incipient carcinoma, or ulcer of the stomach, or gall stones, could thus be cured, instead of being missed, as they ordinarily are because of the endless application of palliative measures. The exploratory incision is often a life saving procedure, but is not utilized as frequently as it should be.

To be conservative does not necessarily

imply the avoidance of radical measures and shunning of surgery. Conservatism in medicine means the employment of such measures, as will be most conductive to conservation of health and life. When in a given abdominal or pelvic case all medical treatment has failed and a definite diagnosis cannot be established, it is imperative to resort to exploratory section. In cases of pelvic difficulty that have been under observation for a reasonable length of time, and in which the routine treatment, consisting mainly of rest and hygiene, applications, douching and counter-irritation or whatever may have appealed to one as appropriate, and in which no improvement is noticed, it becomes conservative to employ the exploratory section, in order to clear up the diagnosis, and make intelligent treatment possible.

In cases of cystic ovary, with more or less urgent symptoms, such as acute pain on affected side and serious derangement of menstural function, or in which the patients are at no time sufficiently comfortable to forget their pelvic troubles no amount of medical treatment will be productive of any good. To be efficient, the treatment must be capable of arresting the degenerative process within the ovary. This can be accomplished only by surgical means. An operation should be advised at the earliest opportunity, before the disease has advanced sufficiently to destroy the organ and injure the nervous system beyond repair.

Every diseased portion of the ovary should be thoroughly resected. The simple puncture of a cyst avails nothing. It is essential to penetrate into the deeper stroma, since the minute cysts are as apt to form here as in the cortex. If the cysts are numerous, it may be necessary to resect 50 or even 75 per cent. of the ovary, but as long as some healthy ovarian tissue is left the ovarian functions will continue undisturbed. We have had many occasions to perform extensive resections of both ovaries, and have never observed any derangement of the menstrual function or any other untoward symptoms. The advantages of modern asepsis make the operation simple, sane and safe and practically free from mortal-

In conclusion permit me to say, that partial oophorectomy is the proper measure to be employed, and should be recommended in every case, in which the diagnosis of cystic ovary has been reached with reasonable certainty, and in which other

methods of treatment have failed to make any impression. If the diagnosis cannot be made, but the symptoms point strongly to cystic ovary, the exploratory section should be resorted to; for in the words of Lawson Tait, "one can easily turn an exploratory laporatomy into a complete operation, while it becomes a serious matter, when one has to turn a complete operation into an exploratory laparotomy."

THE VISION OF CHILDREN.

By Sidney E. Pendexter, M. D. East Orange, N. J.

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Much has been done in recent years by the civil authorities to correct poor vision among school children. Commendable as this work is, there is much more to be accomplished.

During the first five years, children do not attend school, and until the letters are learned, the tests with the letter charts are of little value. After this, children with abnormal vision can be found, and treatment advised; but many children, who have normal vision, have much discomfort and even suffering from symptoms of eyestrain.

A perfect pair of eyes, with muscular attachments for various co-ordinate movements, is an extremely delicate mechanism, even for nature to accomplish. Gould says "There is not an optically or mathematically perfect pair of eyes in the world." Let him question this statement, who first produces a perfect pair of eyes. This does not mean that every child should wear glasses, but the eyes of children should receive far greater attention than they now receive.

An abnormal refraction of the light rays from a patient's retina can be seen, and the extent of the error accurately measured by the ophthalmologist. The patient observes the improvement in vision, and is grateful for the relief of symptoms. What more can one ask? The question to-day should not be does a child need glasses; but rather will any harm result if a child does not wear glasses? This often cannot be ascertained without a careful measurement of the refractive error, together with a consideration of any insufficiency of the external ocular muscles, to relieve various

symptoms which may or may not be at-

tributed to the eyes by the patient.

A child has a wonderful power of accommodation, that is gradually lost with advancing years. The failing vision then often becomes apparent, but children who have refractive errors, not overcome by the accommodation, are frequently unaware of their defective vision. They must have this fact pointed out to them, and even then, usually their only thought in the matter is wheather they do or do not, wish to "Look like grandpa with glasses Children, who have normal vision for reading, may not see well at a distance. On the other hand, their accommodation may be exerted to the limit for distant vision, and they may have difficulty in reading. Children may have normal vision for both distant and near objects, and yet, their refractive errors may be sufficient to cause eye-strain. These children usually complain, that after reading or studying, their eves feel tired, or that they have head-They may become inattentive at school; because it is easier in this way to relax the eye-strain; and this alone, when the habit is once established, is difficult to overcome.

Children with certain uncorrected refractive errors, are more prone to develop a strabismus on account of the abnormal relative action of convergence and accommodation. The type usually seen is the internal strabismus, or "crossed eyes." This form is usually caused by an uncorrected hypermetropia. If this refractive error is corrected sufficiently early, the eyes may assume their normal position, and binocu-

lar vision may be restored.

Various anomalies of the ocular muscles may exist, without a manifest squint being present. This may cause more annoyance to the patient, than an unsightly squint, of which our patients complain very little. Asthenopia, eyeache, conjunctival irritation, vertigo, headaches, and other pains, spasm of the facial muscles, and digestive disturbances may be due to an abnormality in these conjugate movements of the eyes, which are essential to binocular vision. An inability to appreciate depth and distance (absence of stereoscopic vision)' is a very suspicious symptom; but the absence of binocular vision may be due to other causes, such as anisometropia or amblyopia. The only subjective symptom, which points definately to an insufficiency of the external ocular muscles, is the diplopia, which is not constantly present. The action of these muscles must be taken into account in correcting the refractive error, and usually, if the action of the intra and extraocular muscles are taken into consideration, as well as the actual refractive error, the correction prescribed will be sufficient to relieve the symptoms. Occasionally we are disappointed in this, however, and have to resort to other measures.

Myopia, a high degree of hypermetropia, or of astigmatism may cause impairment of the vision. Children complain less than adults of this impaired vision. These patients are frequently unaware of any ocular trouble, especially if only one eye is involved. In such patients the imperfect vision may be discovered inadvertently by covering the good eye, by the school physician, or during an examination, as to ocular fitness for employment. A partial closure of the eyelids, or a voluntary distortion of the facial muscles frequently occurs in these patients when they attempt to see distinctly.

Children who are hypermetropic or farsighted often see distant objects well, and usually see near objects distinctly also. However, their ability to see distant objects distinctly is due to the abnormal accommodation by which their eyes form images of distant objects upon the retina, as nature intended near images to be formed. These patients may complain that the letters become blurred while reading, or they may have asthenopia or headaches. This is caused by the excessive accommodation required to correct their hypermetropia in addition to that which is necessary for the near focal point. The above phenomenon of accommodation becomes unbridled with difficulty from the power of convergence, which normally accompanies the binocular fixation for near objects; hence, there is the tendency to internal strabismus in these patients.

A child may have normal vision and vet a retinoscopic examination may reveal a diopter or more of astigmatism. It is needless to say that such patients do not see without an effort, and the eye-strain produces its train of symptoms, not unlike those in adults. However, children are apt to slight such symptoms as eyeache, headache and blurring of letters while reading; or an asthenopia is regarded as a natural fatigue and is temporarily relieved by sleep. Also children manifest such a transient interest in whatever they undertake that their symptoms from eve-strain are likewise transient. Then there is the tendency of their elders to disregard complaints of symptoms from eye-strain, and to consider the wearing of glasses an undesirable measure for children. To see the evidence of such rediculous ideas which should be obsolete in this generation, one has but to look around and see the strabismic children who are not wearing glasses. Most of these cases could have been prevented and many of them cured by the correction of their refractive errors.

A marked distortion may be overcome by the fusion of the images of the two eyes, which in turn is approximated to the normal by the judgment of the patient, so that considerable distortion may exist in the image which the fundus receives; and yet the patient will interpret the object seen as in its proper position, and relation to its surroundings. A patient may have very poor vision in the left eye, and have normal vision in the right eye. There may be no squint, and the only symptom may be absence of stereoscopic vision. A distorted image when fused with the image of a fellow eye may not only appear erect, but the letters may be seen more distinctly. So there is little wonder that the delusion is not recognized by a child. Indeed, marked errors of refraction may exist unconsciously in the eyes of intelligent adults. However, notwithstanding nature's compensation by accommodation, fusion of images and the element of judgment, the ophthalmologist frequently is consulted by patients, with vision as poor as 20-200 or worse.

Children's eyes are very susceptible to various diseases. The importance of the recognition and treatment of these diseases cannot be over-estimated; as the vision is at stake, not only during the disease, but permanent impairment of vision may result. Children are frequently afflicted with blepharitis, styes, dacryocvstitis, acute catarrhal conjunctivitis, phlyctenular conjunctivitis, follicular conjunctivitis, trachoma, interstitial keratitis, as well as congenital abnormalities and lesions resulting from injuries. Blindness may result from an injury, an ulcer of the cornea, or an infection of the eye, but treatment properly applied does much to prevent such permanent loss of vision.

Children usually have more or less conjunctivitis with the acute infectious diseases of childhood, and they frequently state that they have had weak eyes since an illness from one of these diseases. Occasionally serious impairment of vision results, but the ocular trouble, which usually is found following these diseases, is a chronic

conjunctivitis, a refractive error, or anomaly of the external ocular muscles. In the diseases of childhood the patient's vitality is below par, and then, perhaps for the first time, the symptoms of eye-strain, or insufficiencies of the external ocular muscles, become manifest. The symptoms of eye-strain may continue and the patient naturally associates such symptoms with the disease, during which the symptoms first appeared.

An uncorrected refractive error, a neglected squint, or a corneal ulcer in child-hood may leave a blind eve for life.

Laborers, farmers and lumbermen may accomplish their work without a correction of their ocular defects; but bookkeepers, draftsmen and dressmakers find that good binocular vision is a valuable asset in the accomplishment of their various duties. Likewise children, while attending school, need perfect binocular vision free from evestrain to most advantageously accomplish their duties. This is the period when the higher cerebral functions are developed, and as this is accomplished largely through the sense of vision, imperfections in the organs of vision may not only impair the development of their intellects, but the whole future careers of children may depend upon the functional state of their organs of vision. Indeed much is at stake, and it would be difficult to estimate the future value of the vision of children to themselves and to their contemporaries.

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TUBERCULOSIS IN CHILDHOOD.*

By Berthold S. Pollak, M. D. Medical Director, Hudson County Tuberculosis Hospital and Clinics, Secaucus, N. J.

It was with a great deal of pleasure that I accepted the invitation to join with you in a discussion on tuberculosis.

I had requested permission to speak on the topic of "Early Diagnosis of Pulmonary Tuberculosis in the Adult." This is, perhaps, one of the most important subjects, and deserves much consideration on our part, for aside from prophylaxis and tuberculin therapy, there is, to my mind, no part of the work more important than a thorough understanding of the history, pathological and clinical signs of incipient tuberculosis. However, at my request, this subject has been transferred to a member of your society, whose meritorious work

^{*}Read at the April Meeting of the North Hudson Medical Society.

is receiving general recognition, and I rejoice with you over the fact that among your members, is one who has given such splendid service in this phase of our work.

A deep study of the tuberculosis problem, caused us to ponder, after ten years of active anti-tuberculosis work. At first. we had made provision for the incipient cases in Sanatoria, and we found that whilst much was being accomplished, this method of control was by no means ideal; more recently, the care of the far advanced cases in hospitals became recognized as an effective measure of controlling tuberculosis, and still there remained a missing link in the chain of of our prophylaxis, and this was to determine the onset of tuberculosis, and how its earliest manifestations might be checked. The contemplation of this problem made us realize the absolute necessity of studying tuberculosis in childhood. With this end in view, Dr. Dickinson and myself were engaged in Vienna, during the past summer, when unfortunately, only too soon the outbreak of the war caused us to stop our investigations. My memoranda and data on this topic, came to me but a short time ago, and this has caused me to present for your consideration to-night, the experiences gained at Vienna, substantiated by an enormous amount of clinical material upon which these deductions have been based.

Tuberculosis may be defined as a chronic infectious process, which accompanies the human body, from the cradle to the grave. This infectious process may, or may not manifest itself as an active disease.

Tuberculosis, and by that I mean the infectious disease, tuberculosis, and not pulmonary tuberculosis, as it is usually accepted, cannot be fully comprehended, unless we understand tuberculosis in childhood; for it is always referable to childhood; this is not a hypothesis, but an established fact.

As we understand tuberculosis, at the present day, it resembles closely another chronic infectious condition, syphilis. We find, in tuberculosis as well as in syphilis, a primary stage, with primary symptoms, and regional lymphatic gland involvement; a secondary stage, which runs through a course of years, with a tendency to relapses, and a tertiary or late stage, which is known as phthisis pulmonalis, or lung consumption, and as such, represents the commonest disease in the human economy.

In tuberculosis, as well as in syphilis, we find immunity against renewed infection.

It is in the child where the prominent symptoms of the secondary stage present themselves oftenest, different from the tertiary form of tuberculosis, commonly met with in the adult.

In order to properly interpret tuberculosis in the child, I will discuss these matters seriatim.

First-Infection from tuberculosis gen-

erally occurs from man to man.

Observations in young tuberculous children, during the first and second year, have universally shown the presence in their immediate neighborhood, of adults with open ulcerated lesions; even though a similar condition exists in older children, it is impossible to definitely fix the causes, because of our inability to properly control these children, that is to have a constant watch over them and their associates, but as the fact has been absolutely established, as to the source of infection of infants, it may be inferentially acceptolder children that in process of infection occurrs, hence the conclusion that tuberculosis infection generally occurs from man to man. However, it must be mentioned that infection from tuberculous cows must be considered, even though the Vienna school attaches but little significance to it and is as a factor, but rarely considered by them. This, of course, is an open question.

Second — Infection from tuberculosis generally occurs through inspiration.

In substantiation of the above, animal experimentation has proven with almost absolute accuracy, that after an artificially produced tuberculosis infection, a primary seat manifests itself at the site of the injection together with the tuberculous infection of the regional lymph glands. For instance, if an injection is made into the superficial layers of the skin of the left shoulder, there developes, within a reasonably short time, a superficial swelling at the site of the injection, and with it an enlargement of the lymph glands of the left axilla; if this injection is made into the muscular tissues of the right leg, a tuberculous abscess occurs, with its accompanying infection of the lymph glands of the right knee joint.

If a large amount of bacilli is introduced with food, per rectum—and I want to emphasize here that a large amount of bacilli is necessary—there developes a tuberculous swelling of the intestines, and likewise a tuberculous condition of the mesentery glands. If this infection is produced through inspiration, one of more seats of

infection are produced in the lungs, and there occurs likewise an infection of the bronchial glands. Experiments, conducted at Vienna, have proven in a large series of cases of children who had tuberculosis, and who had died, either from it or from scarlet fever or diphtheria, that 95% of these cases, when brought to autopsy, showed one or more primary seats of infection in the lungs, with the accompanying infection of the bronchial glands; hence the contention that infection generally occurs through inspiration of bacilli which emanate from one afflicted with tuberculosis of the lungs.

Third--Infection from tuberculosis gen--

erally occurs in childhood.

By means of the tuberculin reaction, we can definitely and absolutely determine whether or not a tuberculous infection exists, even though healing might have occurred.

With the aid of tuberculin reaction, it has become established, that 95% of children of the poor, varying in age from eleven to fourteen years, living in the large cities, give a positive reaction; in the country, smaller cities and in well-to-do families, even in large cities, infection from tuberculosis occurs generally at a late period. These conditions are easily explained—the poor, in the large cities are forced to live in congested quarters, for economic reasons, whereas, in the better classes, ability to provide prophylaxis, and a disposition to co-operate, brings about a lesser morbidity.

A like condition may be instanced in the case of measles. It is a rare occurrence, in large cities, to find children at the age of ten years, among the poorer classes, who have not been subjected to the measles, whereas, in the better classes and in the country districts, many children are found who have never been affected with the disease, and others who have become affected in later years.

Fourth-Everyone is predisposed to tu-

berculosis.

This statement is made because most people, at the age of thirteen or fourteen years, react to tuberculin; aside from that, 95% of all adults upon whom autopsies have been made, have shown a tuberculous seat of infection. However, it might again be emphasized, that a tendency to tuberculosis, or infection from tuberculosis, is distinctly different from pulmonary phthisis, and especially that of the adult.

Fifth—First infection with tuberculosis, causes a certain immunity against renewed

infection.

This statement is one drawn by analogy from experiments with animals. superficial skin of a guinea pig is injected with tubercle bacilli, there occurs, within the course of two or three weeks, at the seat of infection, a tuberculous swelling, with a corresponding tuberculosis of the regional lymph glands. If this same animal is again injected in a similar manner, at a different point, within a period of five or six weeks, no change whatever occurs, except perhaps, in rare instances, a slight swelling; therefore, we may expect similar conditions to prevail in the human being, for children, who have lived in close contact with people afflicted with pulmonary phthisis, and who have died, either from tuberculosis or other causes, usually but one or two, or at the most three seats of infection were found in the lungs, and not many, as the unlimited opportunity to infection from masses of tubercle bacilli, to which these children had been exposed. might indicate. In other words, it is only the first infection that shows signs, whereas later infection, through the medium of developed immunity, remains unrecognized at autopsy.

Sixth—Tuberculosis infection causes a sensitiveness to tuberculin.

Koch's old maxim that tuberculin will cause no reaction in one not infected, whereas, in the once infected individual, whether there be a healed lesion or not, a reaction will manifest itself, is here applicable. If introduced in small quantities, it causes redness and swelling—local reaction—at the site of injection; large amounts cause systemic reaction, and thus make tuberculin, the ideal method of determining whether an individual is, or is not infected.

Seventh — Infection with tuberculosis presents various manifestations; it may pass off, remain latent, or completely heal.

That this is the case, is confirmed by the findings that many children, although reacting to tuberculin, never give any symptoms which would clinically indicate tuberculosis. The general symptoms are remittant and irregular fever, weakness and loss of weight; the local symptoms are entirely different, and depend upon the locality of the tuberculous seat of infection.

The result from the primary effect in the lung tissue, causes cough, and also enlargement of the bronchial glands; the latter may, by compression of the trachea and the large bronchi, produce a whistling cough, not unlike whooping cough.

Small formation, from tubercles, cause a

formation of tuberculides, in the skin, that are diagnostic, and in the conjunctiva, conjunctivitis eczematosa.

Infections have a seat of predilection in the large bones, especially in joints as spina ventosa, coxitis, gonitis, spondylitis. Further important manifestations are pleuritis, peritonitis, meningitis, and finally tubercle of the brain—not at all uncommon in children.

Observation in children indicates that tuberculous manifestations retrograde with increasing age, that is, with the increase of infection, there is a decrease of morbidity clinically demonstrable. This has been proven in children of large families, in which individuals manifested signs of open tuberculosis at a known period, and in such it was common for children under the age of three years, to become clinically tuberculous, whereas the other children remained without any clinical signs, even though they reacted positively, to tuberculin.

Infection with tuberculosis may result without any apparent manifestation of illness, or death may occur shortly after infection. It may run a latent course, showing repeated tendencies to relapses or may, after many relapses, tend to heal. Many people react to tuberculin, who have never shown any manifestations of the disease. In these people the infection has run a latent course.

Occassionally we find a case which, after associating with a tuberculous individual but a few weeks, suddenly shows signs of active miliary tuberculosis, or tubercular meningitis, without having shown any symptoms which might suggest tuberculosis. Again, we often see children, and also adults, who unquestionably recover after an attack of tuberculosis of the eye, bones, pleuritis and bronchial glands; such people, of course, react during their lives, to tuberculin.

It is peculiar that tuberculosis, in children, has a tendency to relapses, and these relapses may lead either to complete healing or even cause death. The healing, of course, being explained by the inflammatory process, without which there never can be a healed lesion.

I want to emphasize especially, that children, who have become infected, and who have shown no active symptoms, very often, after an attack of measles, show exacerbations; this is positively explained in that the disposition to tuberculosis is heightened by all conditions that tend to undermine the system. Therefore all infectious diseases, especially whooping-cough, measles and in-

fluenza, unhygienic surroundings, want of food, impure air, insufficient sunlight, and mental or physical exertion, will enhance the possibility of infection, showing active manifestations. It is therefore no wonder that relapses from tuberculosis are so common among the poor. Pulmonary tuberculosis is a late form, or the tertiary manifestation of relapses from tuberculosis, and one of the forms of tuberculosis characterized by progressive infiltration of the lung tissue, and subsequent caseation and cavity formation. Thousands of cases brought to autopsy show this form of tuberculosis to be by far the commonest in the adult, but extremely rare in the child. This is explained that this form of the disease can only develop after infection, covering a period of from five to twenty years, therefore, it is very common to find in children who die of pulmonary tuberculosis a history of exposure to infection in the first or second year of life.

The spread of tuberculosis is caused by pulmonary tuberculosis. The softening of the lung tissue produces an irritation which causes the cough, and in turn the accompanying expectoration of the tubercle bacilli; these are inhaled, either in the form of droplets or they become dry and are inhaled with the dust, thus the non-infected child, playing on the floor, becomes a prey to the invasion of the bacilli. This infection then, as previously indicated, will either remain latent or become active, or tend to relapse, and, depending upon the particular tendency displayed in the individual case, we will have either healing or death.

It is clear that if there are many relapses and the immunity is not sufficient we will have a development of pulmonary phthisis, and thus the circle of tuberculosis infection, as it commonly occurs, is completed.

The prognosis depends on the one hand upon the age of the child, and on the other upon the hygienic and economic surroundings; 80% of all children who are infected in the first year die; 65% to 70% of the children in the second year succumb, but the record of children, who are infected in later vears, indicates a decrease in mortality in children after the fifth or sixth year. Of cours the prognosis does not depend so much upon the age of a child as upon the hygienic surroundings, for experience has shown that children living under better hygienic conditions more rarely develops the serious forms of tuberculosis, and likewise die less frequently than children who, by reason of lack of food, insufficient air

and sunlight, are more apt to manifest the serious complications.

And now, gentlemen, I have come to what I consider the most important point at issue. If our efforts are to be crowned with success, that is, if we are seriously determined to exterminate tuberculosis, we must see to it that in order to secure pure water at the fountain that its source be pure. Let me, therefore, discuss prophylaxis with you for a few moments.

First, we have an exposition prophylaxis in the first, second or third year of life, and second, a disposition prophylaxis in the latter years. Now, as tuberculosis is a serious disease in the first two or three vears of our life it is evident that great care must be taken to prevent children from coming in contact with lung consumptives. Experience shows that infection from tuberculosis is comparitively easy, therefore, it appears that the means we ordinarily adopt to prevent infection are not rigid enough, hence the only solution to the question of infection in infancy is isolation. The duty of the physician to call attention to the danger of infection is apparent. must see to it that every avenue of infection be covered. Even in the event of parents being free from tuberculosis, thousands of cases of infection have occurred from caretakers; these will then have to be most carefully scrutinzied, and if this method be pursued we will have done much in preventing infection in the better and middle classes; the poorer class, and this of course is the class with which, for apparent reasons, we must largely deal, will be benefitted by the removal of the advanced case to the hospital and by placing the child in an institution where under the proper hygienic surroundings it might be given an opportunity to develop, and thus, being removed from the constant source of infection at a period when it is most liable to it, we will have brought about a millenium in so far as the conservation of the race is concerned. Now how can this be accomplished? The only plan that is at all feasible is by the creation in every community of inexpensive institutions called preventoriums. This is imperative, and those of you who have given this matter any thought will realize the urgent necessity of the establishment of such institutions.

You will, likewise, agree that it will be an important factor in our social and political economy.

Gentlemen, this is the vital question from our present sociological point of view. We are the educators—in our community—we are the pathfinders, and as we lead others will follow, and if the leaders, perchance should fail, the followers must lead on, for this not a selfish problem, it is altruistic in its scope, for, like the famous general, when leading his soldiers into battle, we can say with him, "If we fail lead on, for the cause is worthier than the man."

Clinical Reports.

AN EXPERIENCE WITH EMETINE.

By Talbot R. Chambers, M. D., Jersey City, N. J.

J. M. S., age 50, five feet six inches in height, but weighing over 200 pounds, was a person who would not be expected to rally quickly from operation but the way he almost went out, caused the operator not a little concern and anguish of mind for perhaps a half hour. I performed a tonsillectomy upon him without damage to neighboring parts. The hemorrhage which followed was extraordinary and continu-Pressure with alcohol pads failed. An injection of 4 m. emetine hydrochloride half per cent. solution failed of response. After a half hour a second injection of 6 m. promptly stopped the hemorrhage but was accompanied by what threatened to be serious collapse. though he was completely recovered the next day, the recumbent position and energetic use of nitrite amyl and ammonia were required to restore him.

Congenital Absence of Eyeballs.

Dr. Merrill A. Swincy, Bayonne, reports in the American Journal of Obstetries, May, 1915, the following case:

January 20, 1910, I delivered a male child without eyeballs. He was healthy and well-formed except for his defect. His lids were somewhat smaller than usual. The palpable fissures were about one-fourth inch long and required some effort to open them. The lashes were normal. One week after birth I called Dr. F. J. McKechnie of New York City to see the child. He could find no trace of eyeballs. June 21, 1910, was the last time I saw the baby. He then seemed to be in perfect health. Shortly after this the parents went to Italy.

The mother's history was as follows: Italian, twenty-five years of age. Married seven years. Always healthy and well. Two years after marriage having had no children was curetted. Two years later was curetted again. The following year had a spontaneous, complete abortion. Sept. 22, 1908 she came under

my care. She was then pregnant. Her last menstruation was April 22, 1908. Pelvic measurements 20 1|4-25-27-92. January 5, 1909, delivered her a healthy boy L. O. A. forccps in the lower canal. The indications for forceps were slight and infrequent pains and length of time in labor. She made an uneventful convalescence. Was up on the tenth day. June 19, 1909, she called at my office. She was nursing and complained of extreme weakness. Examination disclosed the fact that she was again pregnant. I had her stop nursing, gave a toic and advised rest. rapidly improved and in two weeks she was herself again. January 20, 1910, delivered her of the above described child, L. O. A. position, forceps in lower canal. The indications for the forceps were the same as in the previous labor. There was no history of any congenital defects in either the father's or mother's families.

Eye Cases.

Reported by Dr. W. W. Ralston at a meeting of the Harris County, Texas, Medical Society.

Case 1 was a boy 2 years 8 months old. At the age of seven months a glitter was noted in the right eye, followed by a tumor, which seemed to grow slowly until six months ago, when the same growth was noted in the other eye. Examination showed a large tumor occupying all the globe, but apparently not outside. There was no exophthalmos and the lens was opaque. Behind the cornea there was a yellowish disk setting on a dirty gray yellowish mass. The eye was soft to the touch. The intraocular tension had been lessened by rupture in the optic nerve region; previous to this there had been considerable pain. The parents reported having previously lost a child from the same disease. Examination showed a typical picture of glioma. Prognosis, of course, is grave, and the only chance is for total enucleation of both eves.

Case 2 was that of a woman 56 years old, who had been suffering from diabetes for several years, with from 5 to 8 per cent. sugar. She was blind in both eyes, with lens swollen and opaque, and was growing gradually worse until in January, when she was operated upon, with the caution that the eye would probably not heal. Operation resulted in recovery of vision, 20|30, which will probably get better as the cornea dries up.

Hat Pin Injury.

Dr. E. A. Hunt, Burlington, Iowa, reports this case: E. W., boy, aged 7, was riding in a buggy with his mother, January 24, and in some manner the point of her hat pin penetrated his right eyeball. For the next three or four days, the father used some medicine in the boy's eye that he had obtained from a physician for an inflamed cye of his own some months previous. January 29, I saw the boy for the first time; there was a large corneal ulcer completely covering the pupil and also a pronounced traumatic iritis. As far as I could determine, the lens itself was not injured. Even if the eye makes an uneventful recovery, there is practically total loss of vision because of the large ulcer.

A Tack Coughed Up.

At the annual meeting of the American Pediatric Society in May, Dr. J. M. Miller, of Atlantic City, related the case of a boy who was admitted to the ward with a spasmodic cough, fever, coarse rales and all signs of lobar pneumonia on the right side. After three or four days the boy coughed up a tack and there was a rapid disappearance of his symptoms.

Pyloric Stenosis in an Infant.

Dr. H. L. Coit, Newark, in a discussion on "Pyloric Stenosis in Children," introduced by Dr. Harry Deaver of Philadelphia at the annual meeting of the American Pediatric Society, related at length the case of an infant whose symptoms were indicative of pyloric stenosis and such a diagnosis was confirmed by the X-ray, yet under careful medical treatment the child recovered.

Diphtheria of Septic Type.

Dr. Louis Fischer reports this case, in discussing a paper read at a recent meeting of the N. Y. Acad. of Med., Pediatric Section. This child, eighteen months of age, was admitted to the Willard Parker Hospital and treated in the usual way. The child's temperature was 105 degrees and pulse 180; later in the afternoon the pulse came down to 156. The case was complicated with suppurative pleurisy. The prognosis seemed hopeless, and as a last resort 8 ounces of citrated blood were administered. He had been especially impressed with the facility with which the injection was made into the median basilic vein. Within a few minutes the color of the checks improved, the lips and fingernails assumed a pinkish hue and the cold extremities became warmer. Three-quarters of an hour after the injection the prognosis seemed more hopeful. The simplicity of the technique would adapt this form of treatment to secondary anemias, especially those following malnutrition.

Bony Tumor Filling Naso-Pharynx.

At a meeting of the Chicago Laryngological and Otological Society, Dr. L. W. Dean showed a photograph of a bony tumor that completely filled the naso-pharynx. soft palate was not involved, but it was pressed downward and forward, so that the tumor could be seen in the naso-pharynx. The tumor could be felt as a hard bony mass. Entrance could not be made into the naso-pharynx, in order to tell just where the tumor grew from.

Operation: Tracheotomy; anterior posterior incision in the mid-line of the roof of the mouth, severing the soft tissues down to the bone, and the soft palate to the tip of the uvula. These tissues were retracted laterally and the posterior third of the hard palate removed. The growth was found growing from the upper surface of the hard palate and from the posterior surface of the vomer. The palatal wound was closed by Brophy's method of closing posterior cleft palate. The closure was complete. Speech perfect.

The microscopical diagnosis was osteoma. Six months later there was no recurrence.

Foreign Body in the External Auditory Canal.

Reported by Dr. F. P. Tnzinger, Springfield, Ohio. Louis S., aged 7 years, in some manner lost the segment of rubber from the end of a pencil in his left ear. With reflected light I found the rubber filling the diameter of the ear canal and close to the drum. Mere touching of the foreign body produced severe pain, and I decided on instrumental removal under anesthesia. With the ordinary ear instruments it was impossible to get behind the obstruction. and while in this predicament it occurred to me that the dentist has a suitable instrument for this emergency. I procured from my dentist a Donaldson spring-tempered pulp canal cleanser. This is a steel wire with spirally arranged barbs. This wire was easily twisted into the mass of rubber, and the firm grip of the barbs enabled me to remove the foreign body with ease. This dental instrument sells for 15 cents, and, placed in a lead-pencil holder, would be a useful instrument for similar emergencies.

Laryngeal Obstruction.

Dr. Charles Graef, New York, in the April Medical Record, reports this case:

H. R., aet. 11; referred to me by Dr. J. P. Ogden; had been suffering for several days with an acute otitis and mastoiditis for which an operation was required. She had pain, with much tenderness and boggy edema over the mastoid on the left side. Her throat was

clear, with moderate sized tonsils.

While in the anesthetic room being put under ether she began to bleed from the nosenot very much but enough to be annoying to the anesthetist. He explained when the patinent was brought into the operating room that he thought he had bumped the nose a little with the inhaler but she was nicely under and ready for the incision. The operation proceeded as usual, the bone being found very widely diseased, with much pus, granulations, and necrotic tissue throughout. It required an extensive operation, and I became so much interested in clearing out the disease that I did not pay much attention to the anesthetist. Toward the end of the operation he appeared to be in difficulty, however, and reported that the child was acting badly. Increasing trouble then rapidly followed; and breathing soon ceased entirely. Fortunately this time plenty of assistants were at hand. The head of the table was immediately lowered, the mouth opened, the tongue and the lower jaw drawn forward. Artificial respiration was steadily kept up. Stimulants by hypodermic were given and finger stretching of the rectum was also applied in the effort to restore the child. As considerable bloody, frothy mucus was in evidence about the mouth I had the throat swabbed, and luckily, among the blood-stained mucus, caught hold of a mass of membranelike material which I succeeded in drawing from the throat. It looked much like the membranous moulds of the larynx and trachea which are sometimes coughed up by diphtheria patients, and I thought at first it must be something of that type. It was over six inches long and almost half an inch thick. It proved, however, to be a firmly-organized blood clot. After the removal, efforts to resuscitate the child were continued until finally breathing was established and she was returned to her bed in good condition. I was compelled to plug the nose to stop the bleeding. Next day I examined the nose and found a spouting vessel in the center of a small ulcer on the nasal septum. This was cauterized and the bleeding stopped.

I learned from the parents that the child had a number of nose bleeds during the days preceding the operation, but as she was suffering much with the inflamed ear and had a good deal of fever, the nasal bleeding was not considered of much moment. The hemorrhages, while lasting for an hour or more at a time, were not profuse and were overshadowed by the ear symptoms.

Lipoma of the Descending Colon Causing Intussusception.

Reported by Dr. E. S. West, North Yakima, Dak., in Northwest Medicine. Mrs. J. T., married, no children, aged thirty, previous history negative save that of chronic and obstinate constipation. This she had been in the habit of relieving by taking active cathartics. On the morning of January 12, 1912, she took an ounce of epsom salts, and five hours later had a fairly large bowel movement. Severe cramps, vomiting and purging then started and continued until the afternoon of January 15, when she and her family became sufficiently worried to call in advice. Her condition then was that of shock, face pinched and anxious, pulse 130, weak and thready, skin cold and moist. Examination of the abdomen revealed an illy-defined mass in left lower quadrant with marked rigidity over entire left side, very sensitive to pressure, particularly over tumor; rectal examination disclosed the cone of an intussusception.

The patient was immediately removed to the hospital and on account of her condition a hypodermoclysis was given as soon as anesthesia became complete. Promptly rallying to this, pulse improved and remained good throughout the operation. A six inch incision through the left rectus exposed a large intussusception which included the descending, transverse colon to-gether with a foot of small bowel. This was reduced by the aid of an assistant's hand, in the rectum after considerable manipulation. A portion of the descending colon was in an almost gangrenous condition and present about the middle of this was a firm mass about the size of an egg. This was evidently a tumor attached to the wall of the gut by a broad pedicle and, because of the presence of this, and of the bad condition of this portion of the intestine, it was decided to resect. Accordingly some six inches of the colon, together with the contained tumor, was excised and an endto-end mastomosis by suture performed. cigarette drain was introduced to the side of the anastomosis and the wound closed by tier suture. Uneventful recovery followed, patient leaving the hospital on the fifteenth day. In the suc-ceeding six months a gain of thirty pounds was noted and she now enjoys good health.

Pathologic report, by Dr. F. H. Brush:-Specimens consists of about six inches of descending colon and an irregularly oval mass of tissue measuring approximately three inches by one and one-half in its two diameters. The exterior of the tumor is covered by mucous membrane, which is thinned and atrophied over it. Its consistency is that of ordinary compact tissue. There was present on the outside of the bowel a dimple opposite the attachment of the pedicle, caused by the downward pull of the tumor.

Histologically the appearance is represented by the microphotograph. The mucosa, muscle and a minute portion of the adipose tissue is clearly depicted. The microscope definitely establishes the sub-serous nature of the tumor, inasmuch as it is separated from the mucosa by the intervening muscular coat of the intes-

tine. Diagnosis sub-serous lipoma.

Clubbe (In the Diagnosis and Treatment of Intussusception, 1907), in his classical monograph on the subject, reports 144 cases under his personal observation, only fourteen of which were over one year of age. In no case was a tumor, much less a lipoma, the cause of in-vagination. Elliott and Corscaden, in a rather extensive article on intussusception, (Annals of Surgery), February, 1911, say that benign growths of the large intestine causing intus-susception are located either in the sigmoid or rectum. Wharton (Annals of Surgery, September, 1911) collected twenty-one cases of intussusception caused by a lipoma; of these there were two in the ileo-cecal region, one each in the ileum and jejunum, three in the rectum, four in the sigmoid and four in the decending colon.

Colloid Carcinoma of Peritoneum.

Drs. T. McCrae and W. M. Coplin, Philadelphia, presented this case at the annual meeting of the Association of American Physicians,

May, 1915:

The patient was a man who for four years suffered from ascites; there were no diagnostic evidences available until the end of the third year, when fluid withdrawn by tapping was found to contain colloid material resembling tapioca grains. In the last month of life, freely movable tumors could be felt in the abdomen. A terminal symptom was obstinate diarrhea; food taken could be recognized in the stools three or four hours later.

Dr. Alfred Stengel, Philadelphia, said: It has been observed that after laparotomy the ascites in these cases may disappear and not recur. I have seen two cases in which simple incision resulted in freedom from ascites and prolongation of life for several years. This is not a curative measure but it may be enormously helpful in making comfortable the last

days of these patients.

Carcinoma of Stomach with Liver and Lung Metastasis.

At a recent meeting of the Pathological Society of Philadelphia Drs. Reisman and Mc-Farland presented a specimen of "Carcinoma of the Stomach, with Metastasis of the Liver and Lung." In addition to the classic symtoms of malignant disease of the stomach and liver, jaundice was present. Post-mortem examination disclosed a much enlarged left lobe of the liver, with a fungating mass in the stomach and metatasis to the lungs. There was no obvious involvement of the biliary passages.

Abstracts from Medical Journals.

Sarcoma Autolysates in Developing Sarcoma.

Dr. B. Morpurgo, in Archivo per le Scienze Mediche, states that the injection of the autolysates of a sarcoma in a mouse from which part of the tumor has been removed has no effect in retarding the further development of the remaining portion of the growth. These autolysates have several times facilitated the attachment and development of sarcoma grafts in races little receptive to these grafts. They have no effect upon individual refractoriness to the latter. No effects are observed after the injection of sarcoma extracts in physiological salt solution.

Cancer of the Rectum-New Operation.

Dr. E. R. McGuire, of Buffalo, in a paper read before the Medical Society of the State of New York, said that progress in rectal surgery for carcinoma was hampered by pessimism. This should be dispelled. The evidence ascertained by the gloved finger in the rectum and bloody mucus from the rectum were important for diagnosis of cancer. Believed an effort should be made to preserve the anal sphincter. This was especially disregarded in cases of cancer of the mid-rectum. Charles Mayo recommended saving the distal one inch of the rectum. The sphincter should be freed of its mucosa. The intestine should be cut across and the cephalad end sutured to the rectal stump, coapting mucosa with skin. Stretching of the sphincter at times caused a four weeks' post-operative incompetence.

Cancer of Stomach—Diagnosis and Treatment.

Dr. J. Meyer, Albany, N. Y., in the Medical Record, suggests that if there are any antibodies or special resistance passed from the parents to the children, the offispring may benefit in the way of immunity to disease, and thus the race is guarded. This is not so in cancer, for even if the host of cancer does elaborate any antibodies against his or her disease, yet through age or shortened life he or she does not transmit them to any descendants. And it may be for this reason that cancer is on the increase because we have more péople in the world to-day only a few of whom can possibly be the sons or daughters of cancer fathers or mothers. If the cancer patients could produce or bear children there might come a time, perhaps very distant, when the human being would develop more resistance against cancer than he now possesses. As it is now, cancer cases serve no general purpose of immunization. In the face of a situation so serious and baffling it would seem advisable to Meyers to urge men and women with cancer to produce children before they die. If they do not marry it would be well for the State to sanction and provide for marriage so that all cancer material could be employed to produce children who might be immune through transmitted resistance.

Malignant Edema.

Dr. F. McKelvey, in the British Medical Jour., May 15, says Bell urges making immediate and deep incisions down to the bone, under chloroform, by means of a 6-inch

blade amputation knife. These incisions are from 4 to 6 inches in length. They are afterward kept wide open with fenestrated rubber tubes, 1 inch in diameter, passed on transversely through the muscle to a counter incision. Not less than three, and in one case six large openings were made. The wounds were irrigated with solutions of hydrogen peroxid of the ordinary strength, followed by a mixture of the same solution, with an equal quantity of phenol 1 in 100. The wounds were also lightly packed with gauze. Dressings and irrigation were repeated every three hours. A high cradle was placed over the wounded part so as to admit plenty of air. After a few hours (as soon as checking of bleeding would permit) the gauze drainage was removed and only a thin layer of gauze left to cover the wound. It is quite possible that had these wounds been exposed for hours to direct sunlight the author would have had a more rapid result. The wounds have a great tendency to close in a few hours, and this, unless prevented by the surgeon will bring about the anaerobic conditions which he is trying to avoid. A pair of forceps and the moving about of the rubber tubes will prevent this accident. Night and day special nurses were employed, and since the adoption of this system of treatment (in the last seven cases) there have been no deaths. Recovery took five to seven days.

Radiotherapy of Cancer.

Dr. A. Doderlein, in Zentralblatt fur Gynacologie, Leipsic, reports that twelve patients are still in good health to date, that is, for more than a year since their malignant disease retrogressed under radium and mesothorium treatment. Their cancers were in an absolutely inoperable stage when this treatment was applied. Whether the cure is complete or not, even these twelve or more months of clinical health are a miraculous gain. He has been applying radiotherapy for two years and now reaffirms, more emphatically than ever. that radium and mesothorium are capable of influencing malignant disease in a manner unattainable with any other measure, operative or non-operative. He advocates radiotherapy for even operable uterine cancers, declaring that operable cancers are the proper field for application of therapeutic radiant energy. The technic is not yet perfected, and radio-therapy is still fraught with various dangers, as he has always admitted. The dosage, the intervals, the filters, the best method of application and the length of the course of treatment-all are still in the tentative stage.

One great advantage of radiotherapy is that it can be applied without interfering with the woman's occupation; it is not necessary for her to stay in the hospital more than one day or two at first. The rest of the course can be given ambulant if necessary. The purely hypertrophic forms of cancer, especially cauliflower cancerous growths on the uterine cervix, are most amenable to radiotherapy, but all forms are influenced more or less, although it is a difficult matter to obtain any response with certain cancers. The mucosa of the rectum is so sensitive to radiotherapy that it is difficult to apply it here, and it is liable to cause serious and protracted disturbances and pain, but when the patient is persevering

enough to carry the course through, the ultimate results were as good as with cancer elsewhere.

Exoplithalmic Goiter.

The following are the conclusions of a paper by Dr. C. V. R. Bumsted, of Newark, on "Some Clinical Features of Exophthalmic Goiter," in the Medical Record of March 30, 1915:

(1) All cases should receive good medical treatment for from three to six months be-

fore considering operative treatment.

(2) Surgery should be advised, "when the disease is progressive or far advanced and is either disabling or dangerous, or threatens to become so, even though no sufficient attempt has been made at medical and hygienic management including rest" (Cohen), and

(3) In cases that cannot take sufficient rest and will not cooperate fully in the medi-

cal management of the case.

(4) A patient who is to be operated upon should have at least two weeks absolute rest

before being surgically treated.

- (5) Cases should be referred only to surgeons who have had large and special training in the operative treatment of this disease, no matter how expert they may be in other fields.
- (6) The hyperemic condition of pseudo-Graves' disease in young girls should never be operated upon, as has been the writer's sad experience to see.
- (7) Surgical intervention should not be advised in cases of goiter associated with functional or organic disturbances of other secretory organs until the associated disorders are removed or relieved. (Musser.)
- (8) After surgical intervention a case should receive appropriate treatment and be under medical supervision, if the operative results are to be permanent.

Cholecystectomy vs. Cholecystostomy,

From the evidence of my own cases I draw the following conclusions:

- (1) Considering all the consequences of infection, cholecystectomy in the type of cases indicated shows a morbidity and a mortality lower than cholecystastomy. In these cases the clinical results of cholecystectomy are good, while in unsuitable cases cholecystostomy is followed by recurrent cholecystitis.
- (2) I have seen no adverse effects from cholecystectomy, provided that the division is made at the beginning of the cystic duct; that no gall bladder tissue is left, and that the division does not at all encroach on the common duct. This technique can be readily carried out.

(3) If acute infection be present, then in most cases cholecystostomy should be first performed, followed if required by a later

cholecystectomy.

(4) Finally, if the gall bladder and the cystic duct are approximately normal, then the gall bladder is left, cholecystostomy being the operation of choice. If the gall bladder is thick, contains much scar tissue, is shrunken, shows chronic infection; if the musculature is much impaired; if the cystic duct is partially or completely strictured, or if a stone is impacted in the duct, then cholecystectomy is made.—Dr. George W. Crile.

County-Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular June meeting of the Atlantic County Medical Society was held at the Hotel Dennis, Atlantic City, Wednesday evening, the ninth.

The following members were present: Drs. Andrews, Bartlett, Barbash, Bullock, Clark, Conaway, P. Davis, Byron Davis, Fish, Fox, Guion, Joy, Lee, Martin, E. Marvel, P. Marvel, Poland, Roulon, Shivers, Sheen, Stern, Stewart and Williams.

The scientific program consisted of two papers, one of which dealt with the medical, and the other with the surgical aspect of constipation. Dr. Charles Barclay, of New York City, took up the subject from the medical point of view, and Dr. Clarence A. McWilliams, also of New York City, discussed the surgical side.

Dr. Barclay first spoke of the etiological factors relative to constipation and in connection with his remarks showed radiographs which illustrated beautifully some of the more important points under discussion, especially

those referable to the degree of constipation. "Habit," Dr. Barclay said, "stands first as a cause of constipation and second to habit comes lack of education." That is: A great many people are not educated to the importance of responding to the bowel stimulation and in neglecting response because of one of a dozen unimportant reasons, the desire passes away and perhaps there is no return of the desire and consequently no evacuation until late in the day, or perhaps the next day. There should be a free evacuation of the bowels once in twenty-four hours and this usually occurs directly following breakfast, the food taken at that time into an empty stomach, stimulating peristaltic action. Some individuals, however, have only one stool in forty-eight hours; this for them is normal. The kind of food taken of course plays an important part in the function. Vegetable food on the other hand, is more important to the normal bowel function than animal food. Then, whether or not a food is irritating or has much residue is an important factor to be considered. However, get at the separate factors in the individual case.

There are two main types to be considered, first—"Sigmoid and Rectum," and second—"Cecum." The first is the predominating type. Differentiate between the two. cover whether or not there is a spasm, stricture kink, etc. Examine the feces in every case. In other words—use every available means to make a correct diagnosis before beginning to treat the case. In speaking of the treatment of constipation, Dr. Barclay said that certain cases of mental origin, and he especially referred to neurasthenics, respond to the treatment of mental healers and Christian Science. "Fear," he says, "plays a part in some cases," that is, the patient fears that he will not be able to have a movement.

Education as to the habit is of first importance and with it the fact that the func-tion must not for any reason be interrupted. Exercise, including passive massage and active calisthenics-or, best of all, regulated outdoor exercises as walking, running, riding, etc. Visceroptoses requires abdominal support, rest in bed and forced feeding.

Diet should be selected in regards to the character of the food and the quantity to be taken. All patients should be instructed to drink quantities of water. This is a much neglected necessity.

Relative to actual medication—parrafin oil is important and has done good work. The patient may gradually diminish the dose. Cultures of lactic acid bacilli have been used extensively, but it is questionable as to whether its effect is lasting.

During the past two years autogenous vaccines made from cultures taken from the stool, have been used. Organo-therapy may be resorted to, thyroid probably being the best; one grain after each meal ofttimes giving a good result if suited to the case. With diet, habits, correction of errors, education and selection of other suitable means, good results can be obtained, and they are all worthy of trial.

In referring to the surgical aspect of constipation, Dr. McWilliams said it is always secondary to the medical. Cases of mild toxemia are always medical, while certain of the more severe toxic cases are surgical. An X-ray picture should be made before every operation.

Dr. McWilliams then discussed the operative procedure. The cases showing marked toxic symptoms with a distressing diarrhoea, are the most objectionable. Here it is advisable to resect the cecum, ascending colon and half the transverse colon. If there is but slight diarrhoea, a side-to-side anastomosis may be done, or if speed is required, a Murphy button may be used. Before undertaking this radical procedure always look for other surgical trouble such as: Stone, gall bladder trouble, ulcers, adhesions, etc., and if any of these are found correct them.

Dr. McWilliams then described fully the different types of stasis which warranted surgical intervention. In the great majority of cases where there is no congenital defect, the serious trouble should be prevented and the cases not allowed to get to the surgeon. Diet, rest and all other medical means should be exhausted, then having gone the "medical limit," the cases can be referred to the surgeon. The rule Dr. McWilliams follows in most cases is to divide any adventitious bands and remove the appendix. Further procedure than this bring the surgeon on debatable ground and a conservative surgeon will there hesitate. If absolutely necessary to do a radical operation such as the removal of the large gut from the cecum to the middle of the transverse colon, as it sometimes is in the worst cases, this may be done and after the proper amount of rest, a well fitting abdominal apparatus is to be worn and Russian Oil taken in gradually diminishing doses. Ninety-three per cent. of the surgical cases are limited to the division of bands of adhesions.

The papers of Dr. Barclay and Dr. McWilliams were discussed jointly by Drs. Stewart, E. Marvel, Martin, P. Marvel, Stern and Bullock.

Dr. W. P. Conaway, Atlantic City, reported a very interesting case of abdominal tumor which he removed from a young girl and which proved to be a dermoid cyst of the right ovary. It was about the size of a foetal head at term and contained besides a large quantity of a yellow fluid, hair, nails and pieces of bone. Dr. Conaway exhibited the specimen.

A resolution was unanimously adopted wherein the society extended to the Medical Society of New Jersey an invitation to hold the 1916 meeting—the 150th—of that body in Atlantic City.

CUMBERLAND COUNTY

Elton S. Corson, M. D., Reporter.

The quarterly meeting of the Cumberland County Society was held at the Hotel Maretti, Vineland, July 6th. Drs. A. H. Bradford, Port Norris, and S. D. Bennett, Millville, were reelected as members of the society.

Dr. John Gilbride, Philadelphia, Pa., read a very interesting paper on "The Acute Abdomen." He emphasized the necessity of cultivating what he termed "the eye of suspicion" in all cases. Dr. W. P. Glendon read a paper on "Tonsilar Infection." He presented the case of a fellow practitioner who was infected by a patient coughing in his face. Three days later he developed acute tonsilitis. This subsided, but the patient found it necessary to stop practice, a week later he developed a high temperature, was taken to the Bridgeton Hospital. He was diagnosed as suffering from septic fever and his case was regarded as critical. Finally, he developed a condition in the right lumbar reigon which, on exploration, revealed a pint of pus, whereupon the patient made a rapid recovery. Reports of other interesting cases were given.

The annual picnic of last year was such a success that it was decided to repeat the affair at Fortescue. Drs. Cornwall, Wade and Wilson were appointed a committee to arrange for it. The president of the State Society will be invited to attend.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The summer hegira of medical men has commenced and the rest from medical meetings is at hand. This does not mean that medical progress has halted, only that workers have changed their activities for a time. Of recent medical matters in our county some of the plans for betterment by the new Board of Health of Newark deserve attention. The new ordinance on whooping cough has gone to second reading. This will provide for the wearing of a yellow arm band by every child under ten years of age who has pertussis, and, of course, his exclusion from public places for conveyance or of amusement. Reporting of the disease to the Board of Health by the physician has been the rule since enactment of the measles ordinance for the same purpose four years ago. This is designed to give the individual freedom and, at the same time, protection to the public. Whooping cough has been such a dreadful, but unappreciated curse among children with a mortality unknown, except by those who have informed themselves, that any method which other communities welcomed and supported. The only criticism which seems to be advanced against this is that it will not be enforced, but this can stand against any ordinance, and

critics do not suggest advance in any other way, while something must be done in this disease. The Board of Health is to have as an innovation a bulletin which, published monthly, will contain items of interest in medical and public health matters. It will do well if it equals the value of similar publications elsewhere, as some western cities are way ahead of the east in the co-operation between the board and the public.

The milk question is before the public in the examination in Newark into the various grades being sold, some of them under fradulent claims of standard. It is interesting to observe that certified milk does not come under the investigation because it is stated "this grade, the purest produced, is certified by a commission of medical men specially organized for it." This should be gratifying to Essex County, as the cradle of the whole modern movement for clean milk.

The county will distribute its attendance between the A. M. A., the State Pediatric Society and the State Medical Society.

MIDDLESEX COUNTY.

Anthony Gruessner, M. D., Reporter.
The regular monthly meeting of the Middlesex County Medical Society was held at the Perth Amboy Hospital Nurses' Home, on June There were twenty-five members pressent; Dr. Edgar Ill, of Newark, was present as a guest. The meeting was opened by President Dr. Meinzer, and in the absence of the secretary, Dr. Brown, Dr. Gruessner was appointed secretary pro tem.

Dr. J. L. Lund presented a case of gastric ulcer which was first diagnosed as peritonitis due to a ruptured appendix; the abdomen was rigid. An operation was performed and a normal appendix was found. Another opening was made over the stomach where a perforating ulcer was found which was excised and sewed up by a Lambert suture. The patient made an uneventful recovery.

Another case of gastric ulcer was presented by Dr. Meinzer. The symptoms were rather confusing as the patient had only an occasional pain in the stomach without any vomiting or blood in the stools. Of a sudden he felt a sharp pain at micturition. A diagnosis of gall stones was made, but on opening the abdomen the gall bladder was found normal, then an opening over the stomach was made a perforating ulcer was found. A cigarette drain was put into the wound but as it refused to heal, the ulcer was curetted and sewed up with a Lambert suture. The patient developed lobar pneumonia on the right side after six weeks. the signs of which he showed at the present examination.

A discussion was opened by Dr. Benj. Gutmann, who congratulated Drs. Lund and Meinzer for their excellent work. He commented upon the difficulties of diagnosis in some cases of gastric ulcer which did not show typical symptoms of blood in the stools and vomiting and in which diagnosis is only made after the perforating ulcer. He advised medical treatment first and proper dietetics. also mentioned the possibility of cancer developing and called all ulcers, potential cancers. He also mentioned the disappointing results of gastro-enterostomy and claimed that the best results were obtained by the resection of the ulcer bearing area.

Dr. F. M. Donohue followed in the discussion, mentioning many of his cases that he treated similarly to Dr. Lund and Dr. Meinzer, with excellent results. He mentioned that ulcers without perforation often respond to medical treatment, also that 75% of them are found at the duodenum, and only about 25% in the stomach. He advised surgical inter-ference in all cases of ulcers where vomiting occurs of food that has been taken 24 hours previously, occurs. He advised excision of the ulcer by all means and also commented upon the unreliability of the X-ray and Bismuth tests as a means of diagnosis. He claimed that the history is of first importance, physical examination second, X-ray as third and the laboratory findings as a poor fourth, which statement perfectly corresponds with

Dr. Wm. J. Mayo's opinion. Dr. A. L. Smith also mentioned other interesting cases in which he claimed that Bismuth and X-ray did not always give reliable tests, as after opening the abdomen it was found that the patient suffered with cancer. Dr. Gutmann defended the laboratory and X-ray diagnosis and claiming that by proper interpretation of the X-ray pictures a good deal might be achieved. Drs. C. C. Saulsberry and F. C. Henry also mentioned some interesting cases.

The next case presented was that of a posterior basic meningitis with interventricular serum treatment with recovery. The case belonged to Dr. Saulsberry who presented it. It was a child of about eleven months. The history dates back three weeks during which the patient had evidently been suffering from an acute attack of epidemic meningitis. The case was diagnosed with Dr. A. Sophian's able aid and the treatment was as follows:

A large quantity of fluid was obtained by lumbar puncture, and serum was injected intra-spinally. The cerebrospinal fluid was slightly turbid, and contained a moderate increase in cellular elements. Polymorphonuclear leucocytes 60%, lymphocytes 40%. A few gram negative cocci could be seen in the smear, but the culture was sterile. Treatment was repeated, and serum injected for three successive days; there was pronounced clinical improvement, and in addition the hydrocephalus diminished, and no organisms could be found in the sediment. There was, however, a moderate persistent hydrocephalus at the last treatment. Upon the insistence of the family, treatment was discontinued, and a week later the child began to run a high fever and began to develop severe pressure signs, respiratory symptoms, bulging fontenelle, and the neck became more rigid. Puncture was again performed and about 80 c.c. of very faintly turbid cerebrospinal fluid was obtained. Twenty c.c. of serum was injected intra-spinally. A few meningococci again could be found in the sediment. Again the family decided against further treatment. Two weeks later Dr. Sophian was again called to see the child along with Dr. Saulsberry and found the pictures typical of posterior basic meningitis. Hydrocephalic symptoms were pronounced, fontenelle was very markedly bulging and opisthotonos more pronounced. Lumbar puncture yielded 2 c.c. of absolutely clear fluid.

Ventricle puncture, right ventricle, yielded 120 c.c. of very faintly turbid fluid under terrible pressure. Thirty c.c. of serum continuing 2/10 tricresol was injected, and the fall in blood pressure was noted. The following day there was clinical improvement though signs were still pronounced. The left ventricle tapped, and 100 c.c. of fluid was removed, and 20 c.c. of serum again injected. Culture of the fluid from both ventricles on the third and fourth days yielded meningococci. The right and left ventricles were once more tapped on successive days, and yielded 90 c.c. fluid. At the last puncture the fluid was clear, and examination of the sediment failed to show any meningococci, and culture was negative. Another lumbar puncture was made with dry tap. There was considerable evidence of improvement especially in the hydrocephalic symptoms; bowing of the body was less marked; the child appeared brighter and seemed to see a little. It was decided that treatment should be continued, but the family were opposed. The child continued to mend steadily however. Bowing of the body diminished; hydrocephalic symptoms began to clear up, and three weeks after the beginning of treatment, the child to all intents and purposes was well; pressure signs were gone; fontenelle was flat; child could see, was bright, spoke a little, and in every respect, appeared normal.

Dr. Sophian opened the discussion upon the above case, owing to the fact that the excellent result obtained was due largely to his able assistance and advice. He spoke of two types of meningitis and their symptoms. He commented upon the importance of tapping the two ventricles alternately to relieve pressure, and if any contained meningococci to inject the serum. The dangers of tapping are hemorrhage and injury to the brain tissue, but with a little care in the technique, danger is easily avoided.

Dr. Ill presented a case of necrosis of the inferior maxilla in a boy of about twelve years of age. The case had been treated by Dr. Meinzer and referred to him after a considerable period of unsuccessful treatment. showed the specimens he removed and explained the matter of curetting out the cavity, packing same with iodoform gauze, which is to be left in three days and removed, and if all necrosed bone has been removed, the patient usually recovers within three weeks.

The case was most interesting and highly instructive.

The next case was that of a girl of twenty, presented by Dr. Gross, of Metuchen, for the purpose of diagnosis. This case will be brought up at the next report.

Dr. Slobodien's credentials were found satisfactory and he was elected a member of the society.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular quarterly meeting of the Morris County Medical Society was held on the evening of June 8, 1915, at the New Jersey State Hospital at Morris Plains, the members being guests of the managers and Dr. B. D. Evans, medical director.

The president, Dr. F. E. Knowles, called

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the meeting to order at 9 P. M. All the officers and a large number of the members were present. Dr. Thos. N. Gray, of East Orange, secretary of the Medical Society of New Jersey; C. C. Beling, of Newark, councilor of the district; F. C. Hosford, Newark; G. A. Anderton, F. H. Thorne, H. R. Mutchler, Julia Cotton, H. A. Wallhauser, of the hospital, were guests of the society.

The medical director made an address of welcome in which he stated that the Board of Managers was always glad to have members of the medical profession hold these meetings at the hospital, realizing that the resident officers needed the co-operation of other practitioners to make their work more

successful.

Dr. Fisher mentioned that he had received a letter from Dr. English, editor of the Journal of the State Society, expressing regret that professional duties prevented him from being present.

Dr. Alvan Spencer, of Dover, and Drs. Richard J. McDonald and Thomas B. Miller, of Butler, were elected to membership by unani-

mous vote.

A motion was unanimously carried that as it was some time since any member from the Morris County Society had been president of the State Society, our delegates to Spring Lake should go instructed to work and vote for Dr. B. D. Evans for third vice-president.

Discussion of the changes in the by-laws was postponed until the annual meeting in

September.

The president introduced the speaker of the evening, Dr. John Madison Taylor, of Philadelphia, for many years an assistant to the late S. Weir Mitchell; the title of the paper was "Therapeutic Resources Through the Use of Physico-Dynamic Principles."

Dr. Taylor, in his opening remarks, stated that he was led to believe that the laws of physics might be employed in a beneficial way in treating some illnesses, by remarks made to him years ago by Weir Mitchell, who was at all times making valuable suggestions to those with whom he came in contact.

He then said that therapeutical agencies might well be divided into three great divisions: The first and most important being drug therapy which had recently advanced because of the use of extracts from ductless glands and vaccines; the second, the treating of disease by mental means, best known as psychotherapy; and thirdly, physico-dynamics which he was to talk about.

This form of treatment really made use of a knowledge of mechanics as applied to the human body and considered the body as a mechanism. It was necessary to have the tactile sense highly educated to find the cause of many conditions, which when once found could often be cured. The importance of posture on bodily health was empahsized and the changes that posture had on the action of the heart and respiratory tract was used for an example.

In referring to constipation the doctor said that in many cases with this symptom there was a condition of intestinal spasm with its accompanying pain and distress. Frequent watching of the abdominal operations would tend to impress upon the observer the fact

that the intestines constantly had areas of spasm and relaxation; by posture the reflexes that controlled these conditions could be increased or diminished to a great extent; together with this manipulation was of great benefit alternating pressure over nerves causing contraction and steady pressure dilation of the blood vessels and large viscera they controlled. These measures were of use, the first to relive congestion and the second to flush out any particular part. Marked improvement in many cases followed the application of laws of physics along physiological and anatomical lines.

Among those discussing the paper were Drs. Messenger, Gray, Beling, Horsford, Evans, Lewis, Flagge, Foster and Vaughan.

A rising vote of thanks was given to Dr.

Taylor.

The annual meeting in September will be a business meeting and an invitation from the Board of Managers to meet at the State Hospital, at Morris Plains, was accepted with thanks by the society. An ample repast was served by Mr. O. N. Bower, warden of the State Hospital before the members and their guest departed.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter. Since the organization of medical practitioners in the County of Somerset, a date that goes back to 1816, into a county society, Somerville and the stated meetings have been practically synomymous. There have been a few, very few, exceptions, and amongst them was the meeting on the 10th of June, at Skillman. And this exception was notable. Once before the society met at the Epileptic Village, when the father of the present society's president was in charge, and the two meetings were on a par in the character and cordiality of the hospitality extended. Those of the members who were fortunate to have been at both meetings, could not, however, fail to remark the wide extension of the village, and its strides in scientific progress. It was an ideal day. Providence took the weather entirely out of the hands of the weather prophets and the newspaper reporters, and the result was extremely pleasing. Most of those present arrived in good time in automobiles. Some few, alas, bore evidence that they had tarried by the wayside of necessity. Let us be charitable and hope the recording angel may have been dozing. It was Dr. David F. Weeks, the present director of the farm and president of the society who extended the invitation and arranged the program, and the members found on arrival that other members of the profession, well known to all, had also been invited and had accepted. These your reporter noted as present: Drs. D. C. English, of Middlesex; Wm. J. Chandler, Thos. N. Gray and E. J. Ill, of Essex; W. A. Clark, of Mercer; E. Hollingshead and E. P. Darlington, of Burlington; D. B. Allman, H. C. Munro, B. R. Lee and C. Andrews, of Atlantic; E. E. Morehouse, of Monmouth; Edw. S. and Clara D. H. Krans, of Union, an these with eighteen of the county society, and a goodly number of ladies made a large meeting. After a bountiful luncheon had been served, which was made doubly pleasing by music rendered by the village

band, the photographer took a long chance on the crowd with his camera and the meeting was called to order for the work of the day. There was little routine business to transact. Two names were proposed for membership and on the favorable report of the censors, Dr. F. C. Sutphen, of Bernardsville, a former member and well known to all was elected. The other application was referred to the Board of Censors for investigation in the usual course. A number of bills were ordered paid, and the offer of one of the members to prepare a historical sketch of the society for the celebration of its 100th anniversary was accepted. The following program was then presented, prepared by the members of the village staff:

1. "Institutional Care of Epileptics," Dan Smith Renner, M. D.; 2. "Palinphrasia in Epilepsy with Report of Cases," Leigh Fowler Robinson, M. D.; 3. "The Difficulties Attending the Treatment of Fractures in Epileptics," Henry Milligan Chandler, M. D., 4. "Epileptic Phenomena of a Sensory Nature," Edward Murray Auer, M. D.; 5. "What the Field Worker Does and What She Finds," Mrs. D. L. F. Woodward Brown; 6. "Epilepsy With Special Reference to Heredity," David Fairchild Weeks, M. D.

Paper No. 1 was read by title, and the excellent guidance of the party-practically on institutional clinic-by Dr. Reimer, made a

very interesting substitute.

Dr. Robinson's paper called attention to a rare phase of epileptic symptomatology and was illustrated by five clinical cases. Dr. Chandler's resume of the difficulties attending epileptic surgical service, was interesting, and the clinical cases he presented were instructive. The paper of Dr. Auer was read by title, he being unable to be present. The paper of Mrs. Brown was of extreme interest, and taken in connection with the tabulated and analyzed charts in her laboratory, seen later, charts showing an immense amount of research work-it might be well to question seriously whether the profession as a whole in the light of such knowledge of hereditary tenderness, were taking the firm stand they should in advocating legal measures to stamp out the strains of degeneracy as historical plotting of family histories revealed them. It was a beautiful object lesson in eugenics, and both paper and laboratory records were extremely interesting. Dr. Weeks insisted on reading his paper by title in order to allow time to conduct the party around the village. As, however, these papers all have been promised for the State Journal, it is not needful to discuss them further here.

After more or less discussion on various matters the meeting adjourned and were taken on a tour of inspection through the village itself. Your reporter was fortunate enough to have been one of those present at a visit in 1903 to the same village. The meeting then was interesting, extremely so. But then after lunch, and a discussion of some phases of the disease, we adjourned and walked to the few other buildings in the place, and had plenty of time to make trains. This time we needed autos and even then there was a great deal that had to be left unseen, and space prevents detailed description of all that was. It would take a lot of space to describe the various houses, the grading systems, the industrial schools, the hospital facilities, the farm departments and the supply stations of all kinds. But one needs only a short investigation to see a number of very decided features in the institution, that go to make it a distinct economic asset, not only to the State, but to the whole world of epileptic sufferers, be they of low grade, intelligent or high. First of these is the thorough sanitary care of the patients. Whether it be the care in usual health, or in sickness, everything is sanitary, sensible and up-to-date. Secondly, a pronounced feature is the exhaustive study being made of the disease to determine its basic features and, if possible, effective ways to combat it and stamp it out. One who does not know, can have no idea of the tremendous amount of investigation going on along these lines, and while still as of old there are no specifics known, yet it is only in institutions like this that the broad field of the disease is open to proper study, and that if possible means may be found to counteract or prevent. And finally, as Dr. Weeks is not here to put the check of modesty on any reference to his own work, it is very plain that there is some one at the head of the village who has ability, professional and executive, to so direct such an enterprise, as to secure the highest efficiency from the plant in all the functions it is intended to subserve. I need not say further who that "someone" is.

And so the afternoon passed, instructively, pleasantly and all too quickly. And Providence still keeping a controlling eye on the weather, allowed us to leave and enjoy the rides to our various homes, proud of the village and the credit it is to the State.

Local Medical Societies' Reports

Bayonne Medical Society. Morris Frank, M. D., Reporter.

The Bayonne Medical Society held their regular monthly meeting at the Elks' Hall on May 17, 1915, with Dr. C. J. Larkey presiding. The regular order of business was disposed of. The reports of interesting cases followed.

Dr. Hunt-He clipped the frenum in a case of tongue-tie. Baby began to bleed, and every time he tried to put in a suture there was a new bleeding point. The baby died of hemorrhage. There was a history of hemophilia in the family. Dr. Riha said that in true bleeders none of the styptics are of any use.

Dr. Corwin-He treated an old lady of 58 for tonsilitis. He gave her the usual treatment and the tonsilitis apparently subsided. Then a swelling of the neck appeared. That was opened under gas oxygen anesthesia. pus was found. He incised the glands of the neck, and broke them up pretty well and found no pus. The parotid gland was also swollen. The incision relieved the dysphagia. In a few days she developed rheumatic pains in the The wound healed well thighs and elbows. and the temperature dropped. A few days later patient had a chill and the temperature went up to 104. He used bacterins without any effect. Had Dr. Harlow Brooks of New York in consultation. He called it a streptococcus septicemia and gave an unfavorable He is now using streptococcus prognosis.

serum. A culture taken from the wound showed a mixed infection.

Dr. Brooke-Ten years ago he delivered a woman who had a septate uterus. The child lay in the right half of the uterus. The other day he delivered the same woman of another

child which lay in the left half.

(2) Case of acute pancreatitis. Patient had been sick for seven years. Five years ago he had his appendix removed. He felt well till two years ago, when he began to have gastric disorders. These symptoms came and went. Recently his symptoms reappeared and on examination his upper abdomen was found rigid and tender. The lower abdomen was flaccid. On operation, a thin yellow fluid with fibrin was found near the duodenum and transverse colon. There was some thickening of the pancreas. The lesser sac was drained as was also the pelvis. The patient lived seventeen days. The abdominal wound was opened and they found a fecal fistula.

(3) Did a Mayo operation on a large umbilical hernia which was incarcerated. The patient died of acute cardiac dilatation in thirty-six hours. The incarceration was due to an omental band which had constricted the

bowel.

Dr. Frank reported a case of scarlet fever which was interesting, due to the number of complications the patient had. The patient is five years old. He started with a severe attack of scarlet fever on March 3rd. The rash was confluent and the body presented the classical boiled-lobster appearance. The temperature ranged from 104 to 106. He had a very severe angina which resisted all treatment. It did not respond to diptheria antitoxin. On the second week of the disease he was given four injections of a mixed streptococcus vaccine at intervals of three days. They did not have much effect on the fever but the angina cleared up after the first two injections. Then his ears became 'nvolved and one drum ruptured spontaneously while the other was incised. The side which was incised got worse and he developed a mastoiditis. He was operated on and left the hospital in two weeks. From the second week of the disease he had an albuminuria and had a moderate anasarca. After leaving the hospital, his other ear began to pain and to discharge and was tender over the other mastoid. This cleared up under local treatment. He then developed a nasal diptheria which cleared up immediately upon giving antitoxin.

Dr. Woodruff reported a case of melena due to hemophilia. He took forty c.c. of the father's blood and injected the whole blood into the child. It stopped the hemorrhage. He has seen twelve cases of melena and all got well. Horse serum acts very well.

Dr. Riha said that blood treated with sodium citrate can be used for transfusion as the

sodium citrate prevents coagulation.

Following the reports of interesting cases, Dr. Klein read a very instructive paper on the "Significance of Urinary Findings," which is sent herewith for publication in the Journal.

Discussion: Dr. Shapiro said that in filariasis and elephantiasis, filaria can be found in the urine as well as in the tissues. In erythema multiforme, psoriasis, and eczema, indican is found in urine. In acute dermatitis and trade eczemas, albumin and the causative metals are found in the urine. Xanthoma is due to senility and diabetes.

Dr. Woodruff believes that urinalysis should be done by an expert pathologist. should be obtained properly. Females should be catheterized for specimens of urine. Pus in the urine occurs in urine which has been exposed to the air, while the urine may be normal. Under pathological conditions, any infection of the G. U. tract produces pyuria. The most common organisms are the tubercle and the colon bacilli. Albuminuria occurs in Bright's, with pyuria, hematuria, chronic constipation (disappears under catharsis).. These last cases are due to infection of the pelvis of the kidneys or the ureters by absorption of toxic material from the colon. Differential diagnosis of the different parts of the G. U. tract by the shape or size of the cells, is practically impossible, because the cells of the G. U. tract are almost alike.

Drs. Meyers, Sexsmith, Froman, Axford, Corwin. Brooks and Riha also discussed

paper.

Dr. Klein (closing)—An experiment was done by taking cells from different parts of the G. U. tract by scraping and suspending them in saline. These were examined by a man who claimed that he could tell by microscopical examination from what part of the G. U. tract they were taken. he said that a certain cell was taken from the prostate when as a matter of fact the specimen was from a female. He emphasized the fact that clinical symptoms must be taken into consideration when pathological substances are found in the urine. Frequent urine examinations on the same case are necessary.

June Meeting.

The fifteenth annual banquet of the Bayonne Medical Society was held at Meister's Casino, June 8th, 1915, Dr. C. J. Larkey presiding. The following officers were elected for the

ensuing year: President, Dr. Louis E. Deary; vice-president, Dr. Ernest Thum; secretary and treasurer, Dr. Wm. W. Riha; reporter, Dr. Morris Frank. The meeting then adjourned for the banquet. Dr. G. K. Dickinson, Dr. B. S. Pollak, Dr. McGregor and Mr. Corwin of Greenpoint, L. I., were guests of the society.

President Larkey, acting as toastmaster, introduced Dr. Dickinson as the principal speaker of the evening. Dr. Dickinson referred to Pharmacy, Medicine and Surgery as three children. The first was a full grown child which has reached its limit of usefulness. Medicine was an uncertain child drifting here and there, Surgery was a nondescript child which was struggling along but was bound to become a healthy individual. He also spoke of the great advance of medicine in the past few years and particularly of the progress the Payonne physicians had made.

Dr. Pollak also congratulated the Bayonne doctors on the strides they have made in the past few years and said that they were making a name for themselves throughout the entire county. He complimented them on the fact that Dr. M. I. Marshak, one of their number, secured an appointment by competitive examination in the Chicago Municipal Tuber-culosis Sanatorium, one of the greatest sana-toria in the world. He said that this showed the calibre of the men in Bayonne.

Mr. Corwin, who is a pharmacist in Green-

point, L. I., took up Dr. Dickinson's remark about pharmacy being a thing of the past. He said that physicians were largely to blame for that. He also condemned the prescribing of proprietary drugs, claiming that they were nothing more or less than patent medicines advertised by doctors.

Other speakers of the evening were Drs. Corwin, Sexsmith, Donohoe, Myers, Woodruff, Axford, Deary, Smith, Brooke, McGregor, Magner, Klein, Thum and Pinkerton.

Toasts were given to Dr. Klein, who is to become a benedict shortly, and to Dr. Marshak, who left Bayonne to take his appointment in Chicago.

The dinner committee, composed of Drs. Brooke, Thum and Weiss were complimented on their efficient work and for their ability as epicures.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met at the New Jersey State Hospital at Morris Plains on the evening of June 30, at 8.30. On the invitation of Dr. B. D. Evans, medical director, the host of the evening, the following guests were present: Dr. D. C. English, Editor of the Journal; Dr. T. N. Gray, secretary of the State Medical Society; Dr. C. C. Beling and Dr. F. C. Horsford, of Newark; Dr. Louis Faugeres Bishop and Dr. Howard Lindman, of New York City; Dr. A. E. Brownrigg, of Nashua, N. H.; Drs. L. L. Mial, E. D. Dean, J. A. Dean, G. A. Becker, James Douglas, J. B. Griswold and Geo. L. Johnson, of Morristown; Drs. A. E. Carpenter, Cuthbert Wigg, Wm. J. Summers, E. N. Peck and F. E. Knowles, of Boonton; Dr. James F. Horn, of Morris Plains; Dr. Geo. H. Foster, of Rockaway; Dr. C. J. Massinger and Dr. W. V. Meier, of Butler; Drs. N. H. Adsit and C. A. Plume, of Succasunna; Dr. A. B. Coultas, of Madison; Drs. J. W. Farrow and Wm. P. Costello, of Dover; Dr. Wm. A. McMurtrie, of Mendham; Dr. Joseph E. Pollard and F. I. Krause, of Chatham. The following physicians of the institution were present: Dr. B. D. Evans, medical director; Drs. E. Moore Fisher, Louis K. Henschel, Geo. A. Anderton, M. A. Curry, Geo. R. Hampton, Geo. B. McMurray, Frederic H. Thorne, F. M. Mikels, J. C. Cotton, H. R. Mutchler and H. A. Wallhauser.

Dr. A. E. Carpenter presided and Dr. E. Moore Fisher was secretary pro tem. Dr. J. A. Dean, of Morristown, was elected secretary of the club for the ensuing year. Dr. B. D. Evans then introduced the speakers of the evening, Drs. Seymour Oppenheimer and Mark J. Gottlieb, collaborators in the use of pollens in pollinosis. Their subject was "Pollinosis (Hay Fever) and Its Treatment by Active Immunization with a Demonstration of the Method Employed in the Determination of Pollen Anaphylaxis,"

Dr. Oppenheimer said: "Hay fever is due to the absorption of spring and fall pollens from various grasses and flowers. The term rose fever was, in the doctor's opinion, a misnomer as he had found no patients who reacted to pollen from roses but local reactions occur from other pollens in any individual who is susceptible. Some persons are susceptible to all pollens, while others only to one or two.

There were three methods that might be used to determine which pollen affected those needing treatment for pollinosis. First, ocular injections; this was objectionable as the local reaction may be very violent even so as to frighten the patient and also because only a few pollens can be tried at a time. The second method is by the subcutaneous injection of an extract of a pollen; this not practical nor safe as deterioration of the extract may take place which might give rise to anaphylactic shock and even death. This objection applies to commercial stock pollens which contain an assortment of pollens of unknown strength as there is no need to immunize against any but the one to which the person is susceptible and an overdose of others may break down the natural resistance and render the person liable to the attack of other pollinosis.

The method used by Dr. Oppenheimer was that of vaccination with pollens; after scarifying the skin a small amount of pollen is rubbed in; this is usually done on the arm and several pollens used each, however, in a separate place and differing according to the Within fifteen minutes in susceptible persons a definite cutaneous reaction takes place which is evidenced by an urticarious wheal with a zone of redness surrounding the point of vaccination. Duing treatment these reactions are a guide as to success and are tried several times. A diminution of swelling from 4 c.c. to 2c.c. and the redness from 10 c.c. to 5 c.c. after vaccination indicates an immunity of 5 per cent.

As plants pollenize at different periods an individual may suffer from pollinesis from various pollens which succeed each other so that while persons may be immune to the pollen they first reacted to, they may suffer from a subsequent one. Pollinosis may start with sweet vernal grass and be continued by low and high spear grass. When patients cease to react to any pollen the treatment against that pollen is discontinued. The patient's observations as to the pollen which causes their discomfort are frequently misleading and in fact often absolutely inaccurate. It has frequently been found that a patient does not react towards the pollen which they consider affects them. After it is definitely ascertained what pollen is the sause of the condition there are two methods of immunization, active and passive. By active the doctor means that induced in the individual himself by injection of an extract of the pollen. By passive is ment the immunity transferred by use of human or animal serum and may have to repeated.

The amount of dosage has in the doctor's practice varied from 18 to 9,000 grs. of ragweed pollen and depends on the amount of reaction to vaccination.

It is not possible to produce passive immunity in all cases because the requisite serum is not available. In some cases where it has been used, however, the attacks were cut short and in 36 hours the symptoms were all gone and did not recur.

With regard to permanency of the immunity the doctor said that in many cases it was only seasonal, but some cases exhibited a diminished reaction in succeeding years. Thus patients that required 20 injections in 1914 might require only 9 or 10 in 1915, and in 1916, 3 or 4

would be enough, after which the immunity might be permanent.

There were many plants from which as yet no pollen for vaccinaton or treatment had been prepared but this year the cures were 100%, a considerable gain over last year when immunity was established in 50%, marked improvement in 25% and no amelioration of symptoms in 25%. It may be that those who showed no improvement were anaphylactic to the pollens yet ungathered such as corn, asters, etc.

Dr. M. J. Gottlieb, discussing the pathological and chemical findings said that pollinosis was due to the sensitization of the body tissues. The pollen enters the nose and forms an enzyme or antibody which by proteclysis sets up a swelling in the nose; that there were three ways to produce immunity or anti-anaphylaxis. First to use a large amount of antigen to digest the antibody; this usually required at least 23 days. Second, to gradually increase from a small dose which stimulates the body to produce anti-bodies that are antiphytotoxins. Thirdly, by complement fixation using the supernosent fluid which contains anti-phytotoxins and acts rapidly on the cause of pollinosis. Pollantin is such a product and is what is used in producing the immunity

spoken of by Dr. Oppenheimer.

The effects of vaccination on four patients was demonstrated; two were from the doctor's clientile and two were volunteers from among those present. One of the former had been found to react positively to 14 different pollens, while one of the volunteers had never suffered from hay fever and the reactions in

this case were all negative.

Among those joining in the discussion were Drs. Gray, Bishop, Massinger, Horn and Beling whose questions were fully answered.

After adjournment a repast was served by $\mathrm{Mr.}$ O. M. Bowen, warden of the hospital.

Associated Physicians of Montclair and Vicinity.

The following is an abstract of Dr. G. R. Lockwood's paper read before the society March 22, on "Gastric Symptoms of Chronic Latent Appendicitis": (See page 291).

- I. Pain Type.-Epigastric pain appearing regularly two or three hours after meals and relieved by eating, epigastric tenderness, maybe vomiting which relieves the pain, even vomiting of blood may all occur in appendicitis. "The most common seat of ulcer of the stomach is in the right iliac fossa" says Moynihan. A reasonable estimate is that 30% of our ulcer cases are appendicitis. 12% of Dr. Lockwood's cases with a reasonably sure diagnosis of ulcer have been cured later by appendectomy. This makes the end results of medical treatment of ulcer seem worse than they really are, and worse than the surgical end results, for these are not cases of ulcer, and the surgeon has the opportunity of classing them correctly. How is it possible to differentiate in these cases?
- 1. Finally the pain becomes erratic, especially it continues after a meal, or it may last throughout the day. Hence the importance of keeping continuous pain curves. The speaker showed a pain chart which he uses; (2) The pain does not always stay fixed, but tends to

radiate downwards toward the middle or lower abdomen, and is generally less severe than ulcer pain, more a distress than a pain. (3) Other gastric symptoms—gas, nausea, regurgitation, vomiting—are also found to occur in haphazard fashion in appendicitis; (4) Ulcer pain comes by spells lasting for weeks at a time. In appendicitis the spells are shorter, lasting only for a couple of days or part of a day; (5) Appendicitis pain is not as completely relieved by vomiting as ulcer pain. Recurring epigastric pain uninfluenced by vomiting indicates not ulcer so much as appendix, gall bladder, or cancers; (6) Appendicular pain is less influenced by diet than ulcer pain.

II. Vomiting Types.—The diagnosis here may be obvious, but there are two types of cases in which vomiting is the only symptom of the chronic appendicitis that is otherwise latent.

1. There may be daily vomiting, or vomiting several times daily, over long periods of time without apparent cause, maybe preceded by nausea. Blood may be vomited. Acute gastritis may cause vomiting for one or two days only, and chronic gastritis, excepting alcoholic gastritis, does not cause vomiting; (2) "Nervous vomiting," so-called, may be due to chronic appendicitis. In these cases the vomiting has no relation to meals, is erratic, is rarely accompanied by nausea, and is usually not imperative but may be deferred to a time convenient to the patient.

III. Nausea Type.—"A persistent, nagging nausea may be the sole symptom of appendicular disease. The nausea is seldom pronounced, but is of a low grade intensity and characterized by its constancy rather than by its severity. It comes and goes throughout the day, sometimes before meals, and having no fixed time for its appearance. It does not seem to interfere with a reasonable enjoyment of food, nor is it made worse by eating."

IV. Gas Type.—Epigastric distress from gas may be the only complaint; it is relieved by raising the gas, is regularly worse two or three hours after eating, and is relieved by eating. The distress may occur daily for a number of days or not reappear except in isolated attacks. The stomach is not distended (as can be demonstrated) and but little gas is raised at a time, so that the relief from eructations is slight and short-lived. The condition is really a gastro-spasm. It is not that too much gas is present, but that with the normal amount of gas hypertonic contraction of the stomach puts this gas under high tension and gives an uncomfortable or even painful sense of distension.

Gastric Analysis.—This does not throw light on the diagnosis in the vast majority of puzzling cases, as the varying degrees of acidity occur in the same proportion as in the normal run of cases. But, mild chronic hypersecretion of the fasting stomach is three times more frequent in chronic appendicitis than in the general run of dyspeptic patients.

Physical Signs.—Physical signs may be totally lacking in these doubtful cases. Tenderness over McBurney's point is usually rendered more evident by inflating the colon with air per rectum. Repeated examinations may reveal at some particular time tenderness not

noted at the first examination. Tenderness in the right upper quadrant is usually more sharply localized in ulcer than in chronic appendicitis.

The Ewart dullness has never failed in Dr. Lockwood's experience. The sign is thus described: "If in a normal patient we percuss (with a percussion hammer and not the finger) over the sacro-iliac articulations, we find an area of dullness on each side one-half inch wide and one inch high. These dull areas are about two inches from the median line and are approximately over the posterior-superior spines of the ilium. If appendicitis be present, the dullness on the right side is much wider, from one to one and one-half inches, the area of dullness on the left side remaining the same. In over 150 cases this sign has not failed. If the appendix is removed the right iliac dullness either shrinks to the normal half-inch or else is replaced by tympany."

Miscellaneous Items.

Association of American Physicians.

At the annual meeting of this association held in Washington, D. C., May 11-13, the following officers were elected for the ensuing year: President, Dr. Henry Sewall of Denver, Colo.; vice-president, Dr. George Dock; secretary, Dr. George M. Kober of Washington, D. C.; recorder, Dr. Thomas McCrae of Baltimore, Md.; treasurer, Dr. J. P. Crozier Griffith of Philadelphia; councillor, Dr Herbert C. Moffitt of San Francisco, Cal.; representative in the Executive Committee of the Congress of American Physicans and Surgeons, Dr. Theodore C. Janeway; alternate, Dr. Richard P. Strong of Manila, P. I.

Surgeon, drop your scalpel gory, seize your pen and write a story

That will celebrate the glory of the art that you profess.

Doctor, rest your dulled gray matter while you generously scatter

Your superfluous lore in chatter for our dictographic press. —W. М. В.

"Twilight Sleep" Unsatisfactory.-The St. Louis City Hospital has dicontinued the "twilight sleep" treatment in maternity cases. The treatment has been employed at the hospital since last February. The reason given is that the method has not proved to be entirely satisfactory

Doctors Needed in Mission Fields.

Surgeons and physicians for work in mission fields are urgently needed, according to the earnest appeal now being made by the American Board of Commissioners for Foreign Missions. Nine are wanted for China, four for Turkey, one for Africa and, most urgent of all, one at once for relief work in Servia, with station at Monastir. This latter call, the board says, is in the nature of a "special" and may appeal to some doctor who wants to give two years or so to humanitarian service. The need is tremendous; the board has the money and the location.

For China, six men and three women are

wanted to join hospitals already running, which treat from ten thousand to thirty thousand cases a year. The new men and women will be associated with surgeons in charge. In four hospitals in Turkey physician-surgeons are wanted in association with doctors already on the ground. The American hospitals have increased their influence enormously during these months of war and the men on the ground must be reinforced. In Durban, Africa, a physician-surgeon is urgently needed. The board lays down no sectarian test, but says the candidates should be not over thirtyfive years of age.

Medical Quacks Raided and Arrested.

On the afternoon of April 21, fifty policemen, acting simultaneously, raided twenty-four Museums" in New York City and arrested forty-three alleged medical quacks. The Bureau of Industries and Immigration of the State Labor Department and the New York County Medical Society had been working for months perfecting a case against each defendant before this action was taken. It is reported that when the evidence is given out it will show a nation-wide system of extorting money through quacks who persuade their victims that they are affected with tuberculosis or cancer and offer to effect cures for sums ranging as high as \$500 to \$1,000, according to the circumstances of the patient. It is estimated that within eight months since these medical institutes and museums have been under the observation of the police they have taken from victims, mostly foreigners, more than \$500,000. The prisoners were held in bail ranging from \$500 to \$1,000.

A Hundred to One Bet on Golf-A wealthy resident of Philadelphia has waged \$100,000 to \$1,000 that he can defeat a well-known surgeon of that city at a game of golf to be played in the autumn. If he is beaten he agrees to give \$100,000 to endow a chair of surgical research in the University Medical School. The money is to be paid into the treasury of the university before January 1, 1916. If he wins, the surgeon must buy ten \$100 shares of the stock of the golf club.

Value of Medical Libraries.

It is hard to speak of the value of libraries in terms which would not seem exaggerated. To study the phenomena of disease without books is to sail an unchartered sea, while to study books without patients is not to go to sea at all. For the teacher and worker a great library is indispensable. They must know the world's best work and know it at once; they mint and make current coin, the ore so widely scattered in journals, transactions and monographs.—Osler.

Physicians Favor Local Option.-More than 700 physicians of Philadelphia, both men and women, signed petitions to the legislature asking the passage of the local option bill.

The talent of success is nothing more than doing what you can well and doing well whatever you do without a thought of fame. -Longfellow.

(Continued on Page 406.)

THE JOURNAL

Medical Society of New Jersey

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David C. English, M. D., Editor, New Brunswick, N. J.

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STATE DEPARTMENT OF HEALTH.

We have inserted on page 408 one editorial each from a Jersey City, a Newark and a Camden newspaper on the recent organization of our State Department of Health, not because we endorse them, but in order that our readers may know the attitude of the press. The members of our profession, through our State Society, have endeavored for nearly fifty years to secure and sustain a thoroughly efficient health department in New Jersey. It took several years to secure a board of health on account of the apathy and opposition of Governors and legislators, but we succeeded in 1877. Its record in limiting and in preventing disease and in cutting down the death rate, soon demonstrated the wisdom of its organization; it saved thousands of lives and prevented tens of thousands of cases of illness. But the old method of administration by a board of several members was becoming obsolete and we sought a reorganization under a better methodthe appointment of a Commissioner of Health who would be held largely responsible for health conditions in the State, with an advisory board of sanitarians cooperating, such as Massachusetts, New York and Pennsylvania have adopted with excellent results.

Our State Society last winter endeavored to secure the passage of a law by the Legislature giving us such an up-to-date health department. As usual, we had to

compromise on a modified plan which provided for a Director instead of a Commissioner, and a board which was to elect the director who must be a citizen of New Jersey, whose salary was not to exceed \$5,000 and whose authority was limited—subject largely to the approval of the board of eight members, thereby dividing the responsibility again. There are some wise provisions which are a decided advance, especially that section which gives the board authority over incompetent local boards. Like most compromises, this one fails to inspire fullest confidence that best results will be obtained. It does not give New Jersey an equal chance to successfully safeguard the lives and health of our citizens, that our sister States of New York and Pennsylvania have under the splendid work of Drs. Biggs and Dixon respectively. The salary should have been \$8,000 or \$10,000 in order to secure the ablest sanitarian possible as Director—from New Jersey or anywhere else and he should have adequate power to secure highest efficiency.

As physicians we have no possible motive except a purely altruistic one-for the public good. We had no name to suggest for the directorship; we did not ask that he should be a physician, but we were insistent that he should be a thoroughly educated sanitarian who had had several years of successful experience in applying his knowledge; that he should be given adequate financial support to enable him to secure the best possible results and that the department should be kept absolutely free from partisan politics. Under such conditions a \$10,000 salary would be one of the best investments the State has ever made.

Dr. Jacob C. Price has been elected by the Advisory Board as Director after considerable deliberation. The physicians of the State will hope that his administration will attain a high degree of success. We know he has some excellent helpers in the various departments. The election of R. B. Fitz-Randolph, Ph.D., as Assistant Director will give him the aid of a skilled sanitarian of long experience, as will the co-operation of some of the members of the board of like skill and experience. We bespeak for the department the heartiest co-operation of the members of our Society, as we remind them that the good name of New Jersey is involved in the proper safeguarding of the lives and the health of its citizens.

OUR SOCIETY'S PAST AND FUTURE.

Our State Society will celebrate its 150th anniversary next year in June. It has had a history that is eminently worthy of contemplation and one of which the medical profession of the present day has just cause to be proud. The brightest and best pages of that history are those that record the efforts put forth and the results accomplished by men who had the true conception of the profession's great mission in the world—to serve suffering humanity and as far as it was possible to alleviate, minimize and above all to prevent suffering and sickness.

In the great field of Preventive Medicine, which has been called "The Crowning Glory of the Medical Profession," it has won its greatest honors, because it has there exhibited the highest and holiest of all altruistic endeavors unstintingly and perseveringly in spite of opposition and misrepresentation as to motives, making sacrifices that have often impoverished its members and would ultimately sacrifice the profession itself could it succeed in fully eliminating disease. These services have been rendered regardless of praise or appreciation of men. They have, in their endeavors to secure laws that would better enable them and the authorities to curtail, wipe out or prevent sickness, met with the indifference and opposition of Governors, legislators and many others whom we have

sought to bless.

But the medical men of New Jersey have had and will continue to have the courage of their conviction that the right will triumph in the end and they will fight on, sustained and encouraged by the assurance that they will thereby prove worthy of the commendation of the Great Physician, whose "well done" is infinitely to be preferred to the praise of men. One of the most serious obstacles to progress and success has been the attitude of our lawmakers in obstructing and opposing our efforts to protect our citizens. It has often been said in Trenton: "It is exceedingly difficult to get good legislation here, the majority of the legislators are practically owned and controlled in their votes by politicians, bosses, the corporations or other selfish, grasping interests, and by the question as to what effect their votes will have upon their political future or the future of the party." Even the actions of Governors toward wise laws guarding the

citizens' lives are sometimes decided by similar considerations.

We shall not allow the coming sequicentennial of our Society to be merely an occasion for glorification over the achievements of the past. What is our present duty and what shall be our future will be our chief subjects for consideration. will not attempt to discuss these questions in advance, but two of the leading calls to duty in preparation for still better work in the future will be The Education of the Public and the Economic Welfare of the Profession, the latter not for its own benefit so much, but to enable it to render better service to the State and its citizens. We shall have the help of able laymen in discussing these important matters. Samuel Hopkins Adams will probably address us next June-no man is better qualified to do so-he speaks fearlessly, forcefully and

practically.

In preparation for the discussion of and action upon these subjects, our Society has constituted a new committee—"The Committee on Publicity" - which will evolve methods for practical work. We believe every county society should have such a committee which should arrange for at least one public meeting in one of its leading cities during the coming fall and winter months. The county committee to confer with and carry out the plans of the State committee. We recall from our Society's past history the seven years' fight for a State Board of Health. Governors and legislators were decidedly in-different or opposed. Dr. Ezra M. Hunt and his able fellow members of our Society's committee urged and plead with them with little effect until the committee called a State convention to consider the matter and Dr. Hunt went among the farmers at their "hustings" and by these measures a sentiment was created that demanded and finally compelled the authorities to act. Surely the people now need to be taught that their own welfare is infinitely more important than the temporary success of politicians and political parties, or the enrichment of corporations and a disastrous traffic that means destruction of life, health and homes.

In these matters we are dealing with human life and with the health of the citizens of our State and it is criminal—morally if not legally—to trifle with these sacred interests!

After writing the above, the Editor re-

ceived an invitation to attend a meeting of the Committee on Publicity, Dr. James Hunter, Jr., chairman, at the residence of Dr. Daniel Strock, Camden. It was our great pleasure to accept; Dr. T. N. Gray, our State Society's secretary also attended. After an excellent dinner tendered by our genial host, a very satisfactory conference was held, when the work for the coming years was outlined. It was evident that the committee appreciates the importance of the work committed to it and will intelligently and efficiently prosecute it. We bespeak for the committee the hearty cooperation of every county society.

THE FIGHT AGAINST CANCER.

Ten years ago, it was found that tumors could be transplanted in mice. This discovery revoluntionized the study of cancer. Great expectations were aroused and it was believed it was only a question of time until the problem of the cause and cure of malignant disease would be solved. That was a decade ago and some authorities believe that we are no nearer the facts to-day than we were then. In the case of cancer, any expectations of a single discovery solving the problem is more and more coming to be recognized as unwarranted. Cancer is not a single definite disease like appendicitis. It is rather a name which has been given to a group of entirely distinct diseases, which are different in their history, origin, mode of treatment and prospect of cure, although they are all forms of new and lawless cell growth. For this reason, we are not likely to see any sudden and sensational advance toward the knowledge of a single cause and cure of cancer. It seems now more likely that a steady reduction in the mortality from cancer will come about through the operation of many different factors. Of chief importance will be the application in many directions of a better knowledge of the conditions under which cancer arises, that is to say, a better knowledge of the immediate rather than the remote causes of the disease. Chief among these is irritation. In the removal of all sources of chronic irritation and in prompt attention to conditions which are now recognized as likely to result in cancer is to be found the only available means of actually preventing this disease. On the other hand, even when the development of cancer itself is not prevented, it is capable of complete removal from the body resulting in a cure of the patient in a far larger

number of cases than at present. To bring this about and to reduce the death rate from malignant diseases is the object of the present widespread campaign of education in regard to early symptoms and the need of prompt recognition and surgical treatment.—A. M. M. Journal.

INFLUENCE OF HEREDITY ON THE OCCURRENCE OF CANCER.

As long as our chief source of information concerning cancer biology lay in observations on human material, with such unreliable information concerning ancestry as can be furnished by clinical histories, there was little prospect of learning much concerning the influence of heredity. With the development of the study of tumors in lower animals, in which pedigree can be accurately controlled, the possibility of ascertaining the influence of heredity became more encouraging. Such reports as have appeared indicate that heredity does influence the occurrence of cancer in mice. An investigation of this subject has been reported by Miss Maud Slye of the Sprague Memorial Institute. Utilizing a large stock of mice, bred at first for the purpose of studying certain features of heredity, and in which spontaneous cancers were observed at intervals, Miss Slye undertook a systematic study of the influence of heredity on the occurrence of tumors in these animals. She has obtained evidence that cancer is profoundly influenced by ancestry. The power to resist cancer is a dominant character, and it can be bred into and bred out of different strains of mice. It was found possible to produce strains of mice in which the most usual cause of death was cancer in those animals that reached cancer age; equally well, strains were obtained in which practically no cancer ever occurs, and the transition of cancerous strains into noncancerous, or the reverse, by processes of hybridization, was found quite as feasible as the breeding in and out of coat colors or other "unit characters." In such hybrid strains the cancer element was found to crop out exactly as any other character The conclusion seems warranted that heredity influences cancer by determining the character of reaction which follows injuries to tissues. Almost any individual probably can develop a tumor if subjected to a certain sort and amount of injury at a suitable time, as shown by the experience with Roentgen-ray cancer, but the range of injury which may cause cancer will be profoundly modified by the inherited character of the individual. A striking analogy is known to breeders, in the deformities of the feet of chickens which may be produced by improper heating of incubating eggs. Such abnormalities are found especially frequent in particular strains of birds, and may be observed in these strains when eggs from other strains exposed to the same conditions give perfectly normal results. The liability is the thing transmitted, says The Journal of the American Medical Association, but without appropriate conditions the effect is not produced; that is, heredity modifies the character or degree of the effect produced by a common injury.

We are compelled to defer the insertion of an excellent paper by Dr. Julius Levy on "Infant Mortality" until next month, also a report of a meeting of the Physicians of Montclair and Vicinity. We will also insert next month a part, possibly all, of the Official Transactions of our Society's last annual meeting.

The Editor expresses his heartiest congratulations—and he believes those of our members generally—to Dr. T. N. Gray, the Secretary of our Society, on his recent appointment as Chief of the Bureau of Tuberculosis of the Newark Board of Health, at the salary of \$3,000 per year. We feel that the Bureau is also to be congratulated.

Miscellaneous Items. Continued.

Rockefeller Foundation Laboratory. -Rockefeller Foundation for Medical Research has begun work on the establishment of a hospital near Princeton for the study of diseases of animals. The ground, building and equipment of the laboratory will cost about \$1,000,000, and the institution will be under the direction of Dr. Theobald Smith, professor of comparative pathology at Harvard University.

Expert Medical Testimony.

Dr. Beverley Robinson, New York, in a communication to the Medical Record, July

24, says:
"I believe Judge Hendricks statement in the Thaw ease, as regards the opinions of experts for pay, will be supported by the majority of all-around practitioners of medicine. look upon such eases from a broad and sane standpoint. They have seen in Thaw's act, not evidence of insarity, but simply of a disposition prone to crime, by reason of bad influences and moral delinquency. The State prison and an indeterminate sentence would be the right way to punish such a crime against society. Then length of the sentence should depend upon conduct in prison, but eonviction must be swift and sure to obtain good results to the State and to the criminal. All criminal trials should be enlightened helped with the knowledge of a general physician of large experience and unblemished character. The court should appoint such a one in every case. Polities or pecuniary reward should not be in any way a factor in such an appointment."

Cholera in Austria. - It is reported that cholera is prevailing to an alarming extent in many districts in Austria, in some parts it has been declared epidemie. In the four days from July 8 to July 12, 723 new eases of the disease were reported in Austria, and in Hungary there were 543 cases in one week.

Caneer Mortality.

It is a fact that cancer kills about 75,000 people in the United States every year. Any disease which causes such a high annual toil should command the careful attention of the government, the medical profession, and the people. The need for eareful attention is all the more imperative if both the morbidity and mortality can be very largely reduced by cooperation on the part of these three forces. i. e., the government, its people, and their physicians.

The reduction that has been eaused in tubereulosis is now a matter of history. There ean be no doubt that similar well-directed and persistent activity would cause a similar effect in caneer.

Suggestion for Solution of Cancer Problem.

Dr. C. G. Darling, of Ann Arbor, Mieh., makes the following suggestion in the Michigan State Medical Journal:

"Ignorance and superstition account for the delay in seeking proper medical advice, and this can be overcome only by education. State should place in every house within its borders a pamphlet setting forth the early signs and symptoms of caneer and the value of consulting a physician about small skin and mucous lesions. The State should provide means of transportation to, and treatment in, a proper hospital for all poor persons so affected. It should provide a home for the incurables where they may be made as comfortable as possible for the remainder of life. It should provide and maintain a laboratory for research and the treatment of cancer to investigate those problems which are peculiar to the State and not necessarily of national importance. The natural place for earrying out these provisions by the State is the University Hospital. It should be called the Michigan State Cancer Hospital. This name should not be an advertisement but a guarantee to the people that the State has provided a place where any person may secure the best which the medical profession has to give for an extremely fatal disease.'

Caneer is Curable.

Cancer is curable, if it be operated upon in its early stages. If it be left to grow and develop, cancer is always fatal. It may be partially removed when in an advanced stage, and relief may be had for some time after operation; but beyond the early stage, eaneer eannot at present be permanently removed, nor permanently cured. Permanent eure of eaneer is possible if the afflieted person obtains an early diagnosis, and receives early attention from a skilled surgeon. The only permanent cure for cancer known at the present time is early surgical operation.

Have Operations Failed to Cure?

Very few persons die from operation performed by skilled surgeons for the removal of cancer. Where cancer operation is done by experienced surgeons, the fatality in America for the past fourteen years is less than one case out of a hundred,* or in other words, ninety-nine persons out of a hundred survive operation for cancer.

*"The Cancer Question," by John E. Summers, in The New York Medical Journal, Feb-

ruary 27, 1909.

Delays in Cancer Treatment.

The key to the reduction of cancer mortality lies precisely in this: That cancer always begins as a purely local disease involving a strictly limited area; second, that this limited area is accessible in about four-fifths of all cases; and third, and most important, a commencing cancer practically always indicates its presence when it is still in its early, locally limited and permanently curable stage. In other words, the enemy that we have to fight is not the cancer, but the delay.—Penn. Med. Society Cancer Commission.

Pain and Retraction in Breast Caneer.

Nearly all physicians depend upon two signs in cancer, which frequently, even in advanced cases, are not present at all. One is pain and the other is retraction of the nipple. Pain is almost invariably absent for the first year or more of cancer of the breast. I do not know of any condition about the breast that is as painless as cancer. Benign growths, cysts, and involution mastitis, all give more or less pain. Cancer gives none. Retraction of the nipple, at the very most, occurs in 51 per cent. of all cases.—William L. Rodman.

Mammary Involution and Cancer.

I wish to state it as my conviction, and to state it as positively as I can, that it is not possible for mortal man to differentiate between cancer and abnormal involution in more than three-fourths of the cases. I do not care how closely one studies the remaining 25 per cent., he will not be able to make an accurate diagnosis before operation.—William L. Rodman.

Pregnancy and the Italian Earthquake.

Dr. Pestalozza has reported his experiences with forty and Dr. Resnevic with twenty-four women in advanced pregnancy brought to the maternities at Rome from the earthquake district. A number had been buried under the ruins for hours but they were delivered at normal term with no signs of injury of the child, not even in one case in which the pubis had been fractured, with considerable displacement of the fragments. Only two of the women were delivered prematurely in the maternity, the fetus in both having evidently succumbed to acute asphyxia while the mother lay in a swoon for hours under the ruins. All the other women are doing well. Nature evidently being able to carry the fetus safely through such catastrophc.—Clinica Ostetrica.

Editorials from Medical Journals

America's Medical Opportunity.

W. M. B. in Amer. Jour. Surg.

We are told that the European war will prove to be America's industrial opportunity, that the paralysis of enterprises abroad will provide new markets for our own enterprises, that much of the foreign trade of the nations at war can be absorbed and perhaps permantely retained by America. The same conditions apply to post-graduate medical teaching. Certain it is that many of the large number of American medical men who had anticipated taking courses this year in Germany or Austria will turn now to the medical centers of their own country for instruction, and it is not unlikely that many will come to us from Central and South America.

How well are New York, Chicago, Philadelphia, Boston, Baltimore equipped to take up the work that perforce must languish in the great European universities and clinics?

Of clinical material, of surgerical skill, of modern hospital management and therapeutic methods, there are ample for all to behold. But of opportunities for actual clinical work and laboratory study there are, we fear, too few; and in autopsy material we certainly lag far behind.

What efforts, then, will be made in our large cities to attract and retain the students that Europe must now deny?

How will our large hospitals and laboratories be opened to them? To "see America first" will, for a time at least, be a necessity. What are we going to do to make it a habit?

To develop teaching develops teachers, which means the stimulation of research and the advancement of scientific medicine. This is America's medical opportunity. Are we going to grasp it?

The Tuberculosis Preventorium for Children. From the Medical Record, June 5.

The knowledge that tuberculosis is contractcd, to a large extent, in early childhood, has considerably altered views as to its prevention. Dr. Alfred F. Hess in a paper contributed to the Journal of the American Medical Association, December 19, 1914, urged the need for segregating young children born of tuberculous parents especially of tuberculous mothers and who react to tuberculin. A move in this direction has been made at the Farmingdale Tuberculosis Preventorium for Children, where more than 180 children are accommodated and recently provision has been made for the reception of infants under one year of age. The children are kept here for an average period of about four months, that the institution provides for nearly 600 children a year. The scheme of treatment is simple: Plenty of good food, a 24 hour day in the open air, an intimate acquaintanceship with the fields and woods, and practical lessons in cleanliness and hygiene. The work of the Preventorium is intimately connected with that of the many tuberculosis clinics of New York. These clinics under the direction of Dr. James Alexander Miller are the admitting stations of the institution and every six months after release from the Preventorium

the children are revisited in the home, and their physical condition and surroundings noted. The principle underlying the establishment of these institutions is eminently rational and in practice, so far, the results have been satisfactory. If tuberculosis is to be stamped out children in whom are the seeds of tuberculosis should be so cared for that they may become strong and not live to be a menace to others. Preventoriums of this character should be founded in all large cities and would doubtless prove to be factors of no mean efficacy in the prevention of tuberculosis.

Editorials from the Lav Press.

Exit of the State Health Board.

From the Jersey Journal, Jersey City.

In its valedictory statement the State Board of Health, which is to pass out of existence at

midnight to-morrow, says:

"Since the State Board of Health was organized in 1878 the death rate in New Jersey has been reduced from the high point of 21.82 attained in 1882 to 14.02 in 1914. A 35 per cent. reduction in the death rate in as many years is an accomplishment of which any health board may well be proud. This reduction meant the saving of 22,330 lives in 1914. In addition to this saving of lives, perhaps ten times as many cases of serious illness were

Modesty, evidently, is not one of the characteristics of the State Board of Health. It claims about everything in sight except the credit for our bumper crops, and that always belongs, it seems, to whatever political party

happens to be in power.

To some of the credit for the falling death rate the State board is entitled, but not to all. The chief cause of the decrease is the spread of hygienic education among the people and the activity of local health boards and family physicians.

If the State board's facility for reducing the death rate is as great as it claims, is it not strange that the Legislature, after a searching investigation, felt it a duty, in the interest of economy and efficiency, to pass a law wiping the board out of existence?

Where Health Education Lags.

From The Star, Newark.

It is a fact disconcerting to medical science that while the campaign against infectious diseases has been encouragingly successful, cancer and a group of heart, kidney and nervous affections are steadily increasing. Official figures show that cancer is claiming eight thousand victims every year in New York State, half of them in New York city. The State Health Department has instituted a campaign of popular education through physicians, schools and other institutional mediums, one of the points emphasized being that cancer in its early stages yields to surgery. The weak spot in the battle against disease is that personal hygiene has lagged, while community hygiene has gone forward. Maladies which people take from their neighbors are decreasing, as they are learning the value of isolation and inoculation. Those which develop in the individual are decreasing because they do not endanger others and the authorities do not teach people to take care of their own health as well as that of the community.

An Urgent Duty for Our Lawmakers.

From The Star, Newark.

Next year's Legislature can redeem New Jersey from a long-standing shame to its humanity and an increasing peril to its very civilization by paying heed to the resolutions unanimously adopted recently by the medical society of the State, which demand modern methods of caring for the insane. The resolutions, introduced by Dr. Evans, medical director of the State Hospital at Morris Plains, point the way for carrying out the ideas of his address to the society the day before. They look to the establishment of numerous psychopathic wards and hospitals throughout the State. As Dr. Evans argues, a mental defective thrown into one of the present State institutions, already over-crowded almost beyond endurance, has no such chance for recovery as he would have if placed under observation in a ward maintained either by the State or county, where his malady may be studied in its incipient stages and under conditions of rest and comfort. There will be no more urgent duty confronting the Legislature of 1916 than this drastic reform in its system of caring for the insane.

Health Work in New Hands.

From the Newark Evening News.

After thirty-seven years the State Board of Health passes into the discard. During this time the body, which is supplanted by the Department of Health of the State of New Jersey, has passed through periods affording an abundance of criticism, some warranted and some not, yet it has done an appropriate work which has placed New Jersey well to the fore in practices for the conservation of the public health, and has seen, according to its own estimate, a lowering of the State death rate by thirty-five per cent.

There is to be no radical departure in administering New Jersey's health affairs. The law creating the new department specifically states that the incoming body is to perform all the duties of the old one. To increase efficiency, to centralize responsibility, and, it would seem, to increase the distance between health work and politics, were the reasons manifested in urging the changes. To enforce the present laws bearing on public health, to gather vital statistics, to lead in the health education of the public, are some of the duties with which the old Board of Health was charged. These are to be taken on by the new department.

One of the additional duties of the Department of Health is the preparation of a State sanitary code. The commissioners will choose a director of health, at a salary of not more than \$5,000 a year, and on him will devolve all the duties of the secretary of the old Board of Health, the collection and tabulation of births, marriages, deaths and other "vital facts," the issuing of a monthly health bulletin for distribution among local health authorities, the calling of yearly conferences of health officers, and the making of sanitary surveys of all or part of the State from time to time. He, too, is to be a member ex-officio of all the county mosquito extermination com-

missions and co-operate with them.

One of the most important, if not quite the most important, provisions of the new law is that the Department of Health can compel all local health boards to enforce the State sanitary regulations, which, it is mentioned, shall precede all local ordinances. If a local board fails to obey an admonition from the State body, then the State body can step in, do the work and collect the bill from the municipality affected. This is a proviso which, rigidly enforced, should awaken a sense of responsibility in some local health officials who are at present signally lacking in that way.

Politics has been removed as far as possible from the new health body, for the eight commissioners serve without compensation. Necessary expenses will, of course, be borne by the State. Governor Fielder has chosen the members according to the law's specifications, four being Democrats and four Republicans, three of these being physicians, two being sanitary engineers and one being a veterinarian. Not all will be new to the work, for two are members of the old Board of Health.

New Director of Health. From Camden Courier.

Few office holders die and none resign is an ancient aphorism. It is applicable to the new head of the State Department of Health, Dr. Jacob C. Price, who started in soon after displaying his professional shingle as county physician of his native county of Sussex, which he held for fifteen years. Next he served as Mayor and afterward as Postmaster of Branchville. Then he was elected to the State Senate, and was twice re-elected, leaving the business of law-making to become a member of the State Board of Health, where he fitted in to the secretaryship. When Governor Fielder reformed the health board he reappointed Dr. Price a member, and after several ballots the advisory members of the board elected the doctor as director with the comfortable salary of \$4,000 a year. No objection can be taken to Dr. Price's election, for he has sufficient professional knowledge to qualify him for what promises to be an arduous position. It will be his duty, with the assistance of Dr. Fitz Randolph,, and that of his "advisors" not on the pay roll, to reorganize the department with a view to making it more efficient if possible than the old Board of Health. In the matter of official salaries the State will probably save a few dollars by the change from the board to a department, but that remains to be seen as well as does the promised greater efficiency.

We take the following from the Camden

Courier, July 14:

Following a prolonged session recently the Advisory Board of the new Department of Health, created under the economy and efficiency laws, elected Dr. Jacob C. Price, a member of the old State Board of Health and its secretary, to be director of the new department at a salary of \$4,000 a year. The entire session of the board was practically devoted to a discussion of the qualifications of the different men mentioned for the directorship and the final vote stood 5 to 3 in favor of Dr. Price.

The Medical Crook.

From the Hudson Dispatch.

Judge William H. Speer's paper, read in the annual convention of the New Jersey Medical Society, very properly asks the profession: "Are your State and county medical societies doing all that they should do to keep the professnon clear of crooks? Do you, as do the lawyers, through their bar associations, sedulously seek to remove the crooks from your ranks? Have you any agency for the detection and suppression of malpractice?

It must be apparent to everybody that, bad as the legal profession may be, great progress has been made in the last few years in the disbarment of crooks, but there seems to be no similar activity in the medical profession. Judge Speer's paper should not be allowed to be forgotten even for a little while, for there is nothing meaner in the line of crooks than

the medical crook.

(The above refers to the Judge's speech at the banquet. He had evidently been misinformed. We believe the medical profession has made more progress than the legal profession in freeing itself from crooks and quacks even when lawyers defend the crooks. In our Society's medical defense of members, it does not undertake their defense in seemingly clear cases of malpractice.—Editor.)

Surgery Not a Judicial Business.

From the Star, Newark.

No more extraordinary case is on record under that complicated class of legislation dealing with workmen's compensation than one which came before a Hudson County Court, where a Bayonne manufacturing concern asked for an order to compel an injured employee to submit to a surgical operation. The man had suffered a rupture while at work and the contention of his employers was that if he were operated upon be would get well sooner, and the company would have to pay him less money. To ask a judge to act as consulting surgeon was a novel idea, and Judge Tennant naturally declined to take the responsibility. The injured man's own physician should be the authority as to what is best for him, and it is hardly to be supposed that the patient himself would deliberately choose to remain disabled at \$5.28 a week rather than be cured to go back to work at full wages.

Wealth and Booze.

From Collier's Weekly.

The liquor cranks are excited because the anti-booze agitation threatens "properties valued in the aggregate at perhaps \$2,000,-000,000." It may comfort them to reflect that this "perhaps" total of theirs is almost exone-ninety-fourth of the estimated wealth of the United States. But it causes an altogether disproportionate part of the total crime, disease, suffering, and waste with which our country is afflicted. The rest of us pay mighty heavy taxes in all these ways to keep up their "values." Booze wealth is the most selfish, tyrannous, and wooden-headed form of property known to our civilazation, and it ought to be possible to scale its fraction down (and out) with perfect safety and great Why should a minor interest be a major nuisance?

Therapeutic Notes.

Antiseptic Foot Powder.

R Oil of eucalyptus, f3ij. Salievlie acid. Powdered zinc oleate, of each, 3j. Powdered French chalk, 5xij. Mix.—(Med. Summary.) Powdered boric acid, 3x.

Nephritis Chronic.-Treatment of Albuminuria in Dr. G. Rummo, in Riforma Medica, presents the following prescriptions:

R Gallic acid, 1 or 2 grains.
Sig.: This to be taken three times a day.

Strontium lactate, 2 grams. Distilled water, 120 grams.

Syrup of bitter orange peel, 30 grams.

Sig.: This is the amount to be taken in the course of one day and to be repeated for not more than three days.

Crystallized calcium chloride, 1/2 to 1

Distilled water, 120 grams.

Syrup of vanilla or of raspberry, 30 grams Sig.: This should be taken in the course of one day.

In the parenchymatous type of nephritis the xanthine derivatives may be used to excite the activity of the renal epithelium. The following may be employed:

Benzoate of sodium.

Theobromine, aa 2 grams.

M. div. in chart. No. vi. Sig.: One every six hours.

Agurin may be given in the daily dose of one gram.

The iodides of sodium and rubidium in conjunction with trinitrin are useful in the interstitial type of nephritis.

Sodium iodide.

Rubidium iodide, aa 15 grams.

Ft. solutio saturata in aqua destillata. Sig.: 10 to 30 drops in water daily and gradually increased.

The nitro-glycerine is administered in doses of 3 drops of a 1 per cent. solution, not exceeding 12 drops in 24 hours.

Nervous excitement, especially in primiparae at term, is frequently controlled by an injection of pituitary liquid. It must not be given till the os is fully dilated.

For edema of the glottis or epiglottis where life is in danger, adrenalin intravenously is worth trying. Dose 2 to 5 minims in saline solution for a child of three. Repeat in ten minutes if necessary.

Bilious Attacks.—In some bilious attacks, 1-1000 grain of copper arsenite in hot solution, if taken at fifteen to thirty minute intervals, will prove almost a specific. The indications are: Dizziness, flatulence, and alternating constipation and diarrhea.

One full dose of copper arsenite, 1-100 grain followed at fifteen-minute intervals by small doses, 1-1000 grain, will usually stop nausea promptly, except perhaps when caused by cirrhosis of the liver.—Butler.

Control of Rectal Hemorrhage.

Dr. Jerome Wagner, in the International Jour. of Surg., says: Knot together two strips of gauze twist one in a spiral about the other, and introduce this into the rectum through a speculum, the knotted end first. Remove the speculum and pull the end hanging free, from the anus. In this way a solid plug of gauze is formed in the rectum.

Action of Adrenalin on Blood Pressure in Typhoid Fever and Croupous Pneumonia.

Dr. Mansretora, in Roussky Vratch, reports a series of observations on the effect of adrenalin on blood-pressure in the above conditions where it was necessary to maintain the circulation. He found that one c. c. of adrenalin subcutaneously injected caused a sudden rise of pressure with but slight increase of fulness of the pulse; 0.75 c. c. caused less rise in pressure but greater pulse amplitude both on account of increased systolic and lowered diastolic pressure; 0.5 c. c. did not apparently cause any constriction of the peripheral blood-vessels, but by dilating the venous vessels and through its nerve mechanism of the heart, improved the mechanism of the venous circulation and consequently nutrition of the heart. Large doses are indicated in cases in which the pressure must be raised promptly as in postoperation shock, collapse or acute poisoning; otherwise the smaller doses are safer and productive of better results.

Salicylic Acid Treatment of Wounds and Typhoid Fever .- Dr. Albert Wilson, in the British Medical Journal, reports that the application of dry powdered salicylic acid to suppurating and infected wounds has given excellent result. It causes liquefaction of the scab or slough which disappear promptly, leaving a clean, bright red granulating surface to be followed by rapid healing. Offensive odors disappear within twenty-four hours. It causes no pain or irritation.

Embalmment Treatment of Septic Wounds.

Dr. Louis Menciere, in the London Lancet, recommends washing all septic wounds successively with three antiseptics-first, corrosive sublimate, one to 1000; then phenol, one in 40; and lastly hydrogen peroxide, one in three. The use of these three is to destroy all organisms, some of which are more susceptible to one than to the other. Four days thereafter this washing should be repeated, and then only peroxide should be used to prevent damage to the tissue cells. The wounds should be left open or freely drained and then should be embalmed with the following solution; iodoform, 10 grams; guaiacol, 10 grams; eucalyptol, 10 grams; balsam Peru, 30 grams; ether, 100 grams. This is to be applied on gauze and constitutes a powerful antiseptic which does not damage the tissues. It may also be injected into sinuses. The same solution made more dilute by the use of 1,000 grams of ether may be used to wash the wounds before embalment.

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Hospitals, Sanatoria, Etc.

City Hospital, Newark.

Dr. John T. English has been added to the hospital staff, as assistant dermatologist to Dr. Wallhauser. Dr. G. W. Disbrow, son of Dr. William S. Disbrow president of the board of health, has been appointed assistant bacteriologist to Dr. Connolly.

Isolation Hospital for Bergen County.

The Bergen County Board of Freeholders on July 6, adopted a resolution which provided for the acceptance of \$5,000 offered by the Hackensack Hospital Association toward the erection of an isolation hospital and for an additional appropriation by the county of \$20,000. The original plans would have cost \$35,000 for its erection, but it was stated that by making the buildings smaller and cutting out some of the fixtures, the hospital could be built for the amount appropriated.

Hudson County Insane Asylum.

The Hudson County Freeholders last month appointed Dr. Joseph Imberg assistant medical superintendent of the institution, at a salary of \$1,200 a year. Dr. Imberg, who until recently was connected with the Kings County (N. Y.) Insane Hospital, began work at the institution recently, his appointment having been agreed upon at a conference of freeholders.

Recently Dr. George W. King, the county physician, who before he became county physician was the medical superintendent of the hospital, together with his assistant, Dr. Arthur P. Hasking, recommended the appointment. Dr. Imberg is reported as having said that if he doesn't make good by curing paresis victims in six months he will resign.

New Jersey Aid for Easton Hospital.

Phillipsburg and Belvidere are aiding largely in the campaign for the new Eaton, Pa., hospital. The Phillipsburg teams raised \$9,967 and Belvidere's contribution totaled \$1,726. The total sum aimed for was \$150,000, but it is reported that \$175,171 has been subscribed.

Tuberculosis Hospital for Atlantic County.

Vice-Chancellor Leaming recently handed down an opinion refusing to issue an injunction for the City of Northfield restraining the Freeholders of Atlantic County from building in Northfield a county hospital to be used exclusively for patients suffering from tuberculosis. Citizens of the Atlantic County town asked for a restraining order on the grounds that an institution of such a character in a purely residential section would not only depreciate land values but would drive residents from the town. In refusing an injunction the Vice-Chancellor found that a depreciation of land values would not be sufficient to brand the hospital as a nuisance and also that the establishment of a hospital on the site selected would work no real hardship upon persons living in the vicinity of the institution.

St. Mary's Hospital Training School, Orange.

The commencement exercises of this training school for nurses was held in the Assembly Hall on the evening of June 17, when 13 nurses graduated. This class was the first to graduate after the completion of the new hospital building, and the fourth since the school was started. Dr. Thomas N. Gray, of East Orange, presented the diplomas to the graduating nurses. Drs. F. E. Knowles and C. W. Banks presided, and Dr. Martin J. Synnott, of Montclair, delivered the address to the class.

Hospital Efficiency and the Efficiency Expert.—Dr. F. B. Gilberth in Boston Med. and Surg. Jour. points out that the hospital is subject to all the laws and processes of obtaining efficiency as in the manufacturing establishment. A fundamental requirement is the accurate measurement of aims and methods. The survey principle should be applied; there should be a record of what is being done, and how and why it is being done. The first step in all improvement is an accurate record of present practice.

Hudson Grand Jury Recommends Sanatorium and Prevention.

The Hudson County Grand Jury, Dr. R. W. Gebach, foreman, presented a report July 3, praising Hudson County for its care of its sick and indigent, but urged the great need of caring for the tubercular children. The report says:

"To the tuberculosis problem we have addressed considerable thought, and considering the short time that has elapsed since the erection of the Tuberculosis Sanatorium and Hospital, the work done by this institution seems truly remarkable. The work of caring for those afflicted with this disease is a stupendous task. Through the medium of the five clinics scattered conveniently throughout the country, an opportunity is given to those having symptoms suspicious of this disease to be examined by physicians skilled in this work. The clinic nurses visit the homes of those afflicted, instruct the family in hygienic, and the patient is sent to the sanatorium for treatment. Inasmuch as those afflicted are at an age which should be their most productive period, every effort should be made to return these bread winners to their homes, otherwise their families dependent upon them will in turn become a charge upon the county. So while particularly commending your honorable board for the manner in which you have upheld the board of managers in their work. we believe every dollar devoted to this cause is an investment, and that the county is already realizing on its investment, by reason of the fact that many of the patients have returned to their homes and to work.

"There is one phase of this problem so far neglected which we believe should receive your immediate attention, namely, the care of the tuberculosis child. In the light of modern medical opinion, tuberculosis is contracted in childhood, lies latent in the system until maturity, and through stress of adult life becomes active and invades the lungs. So it is most important that the tuberculosis child and the children of tuberculous parents be taken

at a time when the possibility of cure is the greatest. In addition to the medical reasons for taking care of the tuberculous child, there are strong economic reasons for so doing. The cost of caring for the child would be considerably less and the length of treatment necessary, shorter, and treatment would be instituted at a time of life when their earning capacity is nil. There would be the subsequent economic gain to the county, inasmuch as it is reasonable to assume that the majority of these children, because of their early treatment, would be so improved in bodily resistance as to withstand the invasion of the disease during adult life. In other words, we would be taking these patients at an unproductive time of life and bringing them up to full vigor, so that when adult life is reached they might become wage earners instead of patients in a tuberculosis hospital.

"We therefore must earnestly urge the immediate erection in the county of a preventorium and sanatorium for the care of the tuber-

culosis child.

"We desire to commend Dr. B. S. Pollak, medical director of the Tuberculosis Hospital, for his most efficient management thereof.'

Deaths.

BISSETT.-At Bridgeport, Conn., July 20, 1915, Dr. John J. Bissett, formerly of South River and later of Coraopolis, Pa., aged 79 vears.

Dr. Bissett was born in Middlesex County, between Old Bridge and South River and after a good preliminary education, he entered the College of Physicians and Surgeons, Columbia University, N. Y., from which he graduated in 1880 and soon after made his home in South River, Middlesex County, where he practiced medicine many years. During the past few years, relinquishing practice, he has resided with his daughter in Coraopolis, Pa., near Pittsburg. He was visiting his grand-daughter in Bridgeport, Conn., where he died suddenly. He was a member of the Middlesex County Medical Society and of the Medical Society of New Jersey, retaining membership in both after leaving the State. He was in the United States Navy a few years as chief engineer and was retired as lieutenant commander. He was greatly esteemed by all who knew him.

JOHNSON.—At Blairstown, N. J., July 16. 1915, Mrs. Ann Howell Johnson, aged 90 years.

Mrs. Johnson was the widow of Dr. John C. Johnson. She married Dr. Johnson in 1862. He was in 1867 president of the Medical Socicty of New Jersey, was one of its most faithful members, very rarely if ever missing its annual meetings; he died in 1907. Mrs. Johnson was a. most estimable woman.

LANGDON .- At Englewood Cliffs, N. J., June 17, 1915, Dr. Robert M. Langdon, aged 55 years. He was a graduate of the University of Berlin, Germany, in 1880, of the Illinois Medical College, Chicago, in 1897, and of the Long Island College Hospital, Brooklyn, in 1898.

SILVERS.—At Rahway, N. J., July 17, 1915, Mrs. Abbie R. S. Silvers, widow of the late Dr. Elihu B. Silvers, of Rahway.

Personal Notes.

Dr. Fred. H. Albee, Colonia, and wife, have returned from a visit to the Panama-Pacific Exposition at San Francisco.

Dr. Ralph R. Charlesworth, Millville, is enjoying a trip to the Far West. He will visit the San Francisco Exposition and represent the Millville Lodge of Elks at the Grand Lodge at Los Angeles.

Dr. Theodore W. Corwin, Newark, has been elected president of the board of managers

of the Glen Gardner Sanatorium.

Dr. Samuel H. Baldwin, Newark, is registered at the Sunnyside Hotel, Mt. Arlington. Dr. Raymond D. Baker, Summit, and wife

have been spending a few weeks in Maine.

Dr. Henry C. Barkhorn, Newark, and wife were registered at the Sunnyside Hotel, Mt. Arlington, last month.

Dr. Frederick W. Becker, Newark, and family are occupying their cottage at Budd Lake. Dr. Samuel D. Bennett, Millville, and wife spent a few days last month at Avon-by-the-

Dr. Charles Calhoun, Rutherford, and wife spent a few weeks last month in the White Mountains.

Dr. Walter E. Cladek, Rahway, enjoyed a few days of trout fishing last month in the Adirondacks.

Dr. Arthur H. Dundon, North Plainfield, and wife are receiving congratulations on the birth of a daughter.

Dr. Samuel A. Greenberg, Newark, was registered at the Sea Cliff Hotel, Bradley Beach in July.

Dr. Charles F. Halstead, Somerville, and family are spending several weeks at Sebec, Maine.

Dr. Philander A. Harris. Paterson, discussed Dr. H. N. Vineberg's paper on "The Fate of the Ovaries left in Situ after Hysterectomy," at the annual meeting of the American Gynecological Society.

Dr. Caldwell B. Keeney, Summit, and wife spent a week in Boston, Mass., in July.

Dr. Leslie C. Lyons, Magnolia, spent several days last month at his former home, Williamsport, Pa.

Dr. Albert B. Nash, Newark, and wife motored to South Norwalk, Conn., in July. From there they visited several points on the New England coast.

Dr. John Nevin, Jersey City, has been appointed by the Governor as a member of the committee to suggest a site for a new State hospital for the insane.

Dr. Robert H. Rogers, Newark, was registered in July at the Sunnyside, Mt. Arlington.

Dr. Edwin N. Steiner, Newark, and wife were registered in July at the Brunswick Hotel, Asbury Park.

Dr. Martin J. Synnott, Montclair, was registered at the Allenhurst Club last month.

Dr. Stacy M. Wilson, Bridgeton, and family made a brief visit in Delaware last month.

Dr. Benjamin Gutmann, New Brunswick, and family have taken a cottage at Sea Girt for the summer.

Dr. Edward H. Moore, Asbury, and wife, visited Whitehouse Station friends last month.

Dr. Eugene W. Murray, Newark, and family are spending the summer in their summer cottage at Brielle.

Dr. Charles S. Pancoast, Camden, is a surgeon on the staff of General Gyula Dollinger, chief surgeon of the Hungarian army, in the Royal Hungarian Hospital, at Budapest.

Dr. Fordyce St. John, son of Dr. David St. John, Hackensack, is serving on the staff of the American Hospital Ambulance Hospital at Juilly, France.

Dr. James F. Horn, Morris Plains, is having an addition built to his residence.

Dr. Charles H. Holcomb, Trenton, and wife spent a few days at the seashore last month.

Dr. William B. Jennings, Collinswood, and wife took a motor trip to Portland, Me., last month and spent a few weeks in Maine.

Dr. Charles L. Mitchell, Trenton, is spoken of as a candidate for the Assembly at this fall's election.

Dr. Francis A. Apgar, New Germantown, and daughter spent a few days at Long Branch last month.

Dr. Reese Ballinger, Newark, spent a few days last month in Collingswood.

Dr. Paul L. Cort, Trenton, and wife spent two weeks at Wildwood, N. J., last month.

Dr. William James, German Valley, spent a few weeks recently at the Pennsylvania University.

Dr. Clifford Mills, Mayor of Morristown, entertained the members of the Board of Aldermen and town officers at his bungalow at Lake Hopatcong on July 21st.

Dr. Victor Mravlag, Mayor of Elizabeth, was sixty-seven years young on July 18th and Elizabeth is still flourishing under his administration.

Dr. Samuel Freeman, Trenton, who has been suffering from the results of an automobile accident, has been taking a rest at White Haven, Pa. Sanatorium.

Dr. Francis H. Glazebrook, Morristown, has purchased the house occupied by the late Dr. Ubelacker, and is remodeling it before taking possession.

Dr. George N. J. Sommer, Trenton, spent a week last month at Mr. B. C. Kuser's cottage at Blooming Grove, Pa.

Dr. J. Floyd Bowman, Irvington, and wife returned home last month from Savona, N. Y., where they had been visiting Mrs. Bowman's parents.

Dr. Frank M. Donohue, New Brunswick, and family, enjoyed a few weeks trip to the Far Northwest. They visited the Panama-Pacific Exposition. They expected to return by August 1st.

Dr. Thomas W. Harvey, Orange, served as one of the judges of the South Orange parade on July 4th. Senator Colgate was also one of the judges.

Dr. Briscoe B. Ranson, Maplewood, and family, spent some time last month at Edgartown, Mass.

Dr. Frederick W. Becker, Newark, will occupy his new cottage at Budd Lake this month.

Dr. James R. English, Newark, and wife are occupying their cottage at Budd Lake.

Dr. Henry Kip, Paterson, and family are occupying the Ely cottage, Culver's Lake, for the summer months.

Dr. Peter B. Cregar, Plainfield, and wife left last month for California. They will visit the Exposition and return about August 10th.

Dr. William C. Fischer, Vailsburg, has returned from a visit to Tobyhanna, Pa.

Dr. E. Lucas Henion, Paterson, visited Dr. Burd at Ogdensburgh, last month.

Dr. George A. Van Wagenen, Newark, and wife are spending the summer at Otsego Lake, New York.

Dr. Emma C. Clark, Dover, spent two weeks recently at Asbury Park.

Dr. Henry P. Dengler, Springfield, and wife spent a few days last month at Atlantic City.

Dr. Walter R. Elliott, West Collingswood, spent a few days at Atlantic City.

Dr. Lester H. Hummel, Salem, has had a great yield from his two farms in Salem County this year.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

BOOK NOTICES.

Modern Aspects of the Circulation in Health and Disease. By Carl J. Wiggers, M. D., Assistant Professor of Physiology in Cornell University Medical College. Octavo, 378 pages, illustrated with 104 engravings. Cloth, \$3.75, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

Progressive Medicine: A Quarterly Digest of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences, Edited by Hobart Amory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleman, M. D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. Volume XVII., No. 2, June, 1915. \$6.00 per annum. Lea & Febiger, Philadelphia and New York.

Outlines of Internal Medicine for the Use of Nurses. By Clifford Pailey Farr, M. D., Instructor in Medicine, University of Pennsylvania. Octavo 408 pages, illustrated. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

The Medical Clinics of Chicago. Volume 1. Number I. (July, 1915). Octavo of 208 pages, 37 illustrations. 'Philadelphia and London: W. B. Saunders Company, 1915. Published Bi-monthly. Price per year: Paper, \$8.00. Cloth, \$12.00.

MEDICAL EXAMINING BOARDS' REPORTS

i	sxam.	Passed.	Failed.
Colorado, January	. 1	1	0
Colorado, April	. 4	3	1
Idaho, April	.17	16	1
Kansas, February	. 5	4	1
Louisiana, June	.57	41	16
Maryland, June*	. 1	1	0
Massachusetts, May	.60	30	30
Minnesota, April	. 7	6	1
Missouri, March	.26	20	6
Nevada, May	. 7	7	0
New Jersey, June	.41	35	6
New Mexico, April	. 3	3	0
Ohio, June	165	160	5
West Virginia, April	. 14	12	2
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*Homeopathic Board of Examiners' Report. At the New Jersey Board examination, 1 chiropodist, out of 11 examined, failed and 2 midwives failed out of 17 examined.

Public Health Items.

The president of the Morristown Board of Health is said to have objected to serving longer if a woman was appointed a member of the board, and that the woman—a local visiting nurse—was not appointed.

For the past six months, there has not been a death from typhoid fever in Richmond and for the last six months of 1914 there were only 12 deaths, which gives a death rate from this disease for the past twelve months of only 8.3 per 100,000.—Virginia Med Semimonthly.

Millville Board of Health.

At the annual meeting of the board held July 8, contagious diseases that occurred during the year were reported as follows: Smallpox, 136 cases; scarlet fever, 26; diphtheria, 43; measles, 198; tuberculosis, 16; typhoid fever, 17.

Dr. J. Wade was re-elected president; Dr. F. V. Ware, vice-president, and Dr. H. G. Miller, consulting physican.

Typhoid Fever at Red Bank.

Eight members of a family were taken ill last month with typhoid fever as a result of drinking water from an infected well.

Typhoid at Haddonfield.

The Haddonfield authorities closed Mountwell Lake on July 1st. An examination of the water by experts disclosed the fact that typhoid bacteria are affecting the pond. It was ascertained that the impurities found in the water come from two cesspools in the vicinity, which drained into the lake. As soon as this was discovered the bathing was stopped at

Doctors of Public Health.

With all the bureau chiefs of the New York City Health Department on the teaching staff, and with the sanction and approval of the State public health council, New York University has inaugurated a series of courses in public health and sanitation. The aim of the new courses is to teach public health officers

and others the scientific methods for the prevention of disease rather than merely its control. The degree of "Doctor of Public Health" will be conferred on those completing the twovear course.

Vaccine Virus Does Not Cause Tetamis.

Dr. John F. Anderson, director of the hygienic laboratory of the public health service, recently announced that investigations have proved conclusively that lockjaw never is contracted through vaccine virus and that authentic cases developing after inoculation have invariably been due to infection of the wound after vaccination. In thirteen years the laboratory has examined specifically for the organism of tetanus sufficient vaccine to inoculate more than 2,000,000 persons, and not in one instance has the presence of lockjaw bacilli been established. Records of the army and navy for eleven years show none of the eight cases of lockjaw occurring during that time as traceable to the 585,000 vaccinations performed.

Soda Fountains as Sources of Infection.-A. J. Lanza of the Public Health Service in an article in Public Health Reports on the interstate migration of tuberculous persons, says that soda-fountain utensils are common eating and drinking devices in the most vicious sense of the word. He has seen advanced consumptives at soda fountains, and as soda fountains are a common rendezvous for children, the danger is apparent. Soda-fountain attendants are likely to be careless in the handling and washing of cups, spoons and glasses, and he has observed on more than one occasion advanced consumptives put down glass and spoon which were then carelessly rinsed in standing water and placed on the shelf for the next customer. He says that in hotels, cafes and other eating places tableware is generally cleaned in machines, or at least soap and hot water are used, and while potentially sources of infection, the danger would be less than by the careless rinsing that suffices at soda fountains.

STATE BOARD OF HEALTH.

From Statement of June, 1915.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending June 10, 1915, was 3,124. By age periods there were 452 deaths of infants under one year, 231 deaths of children over one year and under five years and 998 deaths of persons aged sixty years and over.

Deaths from suicide for the past month show a decided increase, the number (54) being greater than for any monthly period during the past three years.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending June 10, 1915, compared with the average for the previous twelve months, the average in each disease being given in parenthesis:

Typhoid fever, 16 (19); measles, 21 (12); scarlet fever, 21 (11); whooping cough, 14 (19); diphtheria, 37 (50); malarial fever, 0 (1); tuberculosis of lungs, 350 (311); tuber-

culosis of other organs, 65 (46); cancer, 171 (190); diseases of nervous system, 339 (275); diseases of circulatory system, 477 (513); diseases of respiratory system (pneumonia and tuberculosis excepted), 156 (199); pneumonia, 220 (239); infantile diarrhoea, 80 (189); diseases of digestive system (infantile diarrhoea excepted), 180 (195); Bright's disease, 268 (259); suicide, 54 (43); all other diseases or causes of death, 655 (696); total, 3,124 (3,267).

Reports of Communicable Diseases for May.

The total number of cases of communicable diseases reported during May, 1915, was 2,-321, a decrease of 102 from the number reported during the same month in 1914.

Typhoid Fever—Reports of 54 cases of typhoid fever were received during the month. The cases were widely distributed and no great number was accredited to any one district.

Diphtheria—The number of cases of diphtheria reported during May was 470. Reports were received from every county in the State except Gloucester, Hunterdon and Ocean. Hudson reported 165 and Essex 111.

Scarlet Fever-Reports of scarlet were received from fifteen counties in the State. The total number of reports was 520. One hundred and ninety-four were in Hudson, 139 in Passaic, 71 in Essex and 56 in Bergen.

Tuberculosis-Reports of 764 cases of tuberculosis were received during the month; 31 in excess of the number reported during May, 1914. Two hundred and twenty-one were in Essex, 207 in Hudson, 67 in Union and 54 in Passaic.

Laboratory of Hygiene.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 587; tuberculosis, 555; typhoid fever, 236; malaria, 33; miscellaneous specimens, 112; total, 1,523.

Division of Food and Drugs.

During the month ending June 30, 1915, 438 samples of food and drugs were examined in the State Laboratory of Hygiene. All but 58 were found above standard. Thirty-two of milk, 12 of butter and 10 of essence of peppermint were below standard.

Bureau of Creamery and Dairy Inspection.

In June 614 inspections were made as follows: 445 dairies, 26 creameries, 18 milk depots, 125 ice cream factories.

Number of dairies scoring above 60% of the perfect mark, 231; scoring below 60% of the perfect mark, 190; relinquishing the sale of milk, 24; creameries licensed to pasteurize milk, 2; creameries licensed as non-pasteurizing plants, 28; ice cream factory licenses recommended, 11.

NEW AND NON-OFFICIAL REMEDIES.

During June the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-Official Remedies:

Antiseptic Supply Co.: Special Caustic Applicators 50%.

Fairchild Bros. & Foster: Enzymol.

Eli Lilly & Co.: Syrup Cephaeline, Lilly.

Since publication of New and Non-Official Remedies, 1915, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Cephaeline. — An alkoloid obtained from ipecac. It is relatively more emetic and less nauseant than ipecac and causes more renal irritation and less cardiac depression. It may be used as an emetic and expectorant. It is insoluble in water, but forms water soluble

Syrup. Cephaeline, Lilly.—A non-proprietary preparation containing cephaeline hydrochloride, equivalent to $\frac{2}{5}$ grain cephaeline per fluid ounce. Eli Lilly & Co., Indianapolis, Ind.

Ouabain Ampules, H. W. & Co.-Each ampule contains 0.5 mg. crystallized ouabain. Hynson, Westcott & Co., Baltimore, Md. (Jour. A. M. A., June 19, 1915, p. 2067).

Food for Thought.

"If you want your advice to be appreciated, charge money for it."

"Only those who know but little come under the delusion that they know it all.'

"What a fine world this would be if it were just as easy to make a good thing better as it is to make a bad matter worse."

"No life will fulfill its mission without an aim. Set your mark high, and then live every day with the goal in view."

Kind words never die. The memory of a kind word will help to brighten many a cheerless day.

Success is the summit of the mountain of hard work, reached by climbing the path of opportunity, which is often blocked by the bowlders of discouragement, the gullies of self-doubt, and the precipices of common mistakes.

"All that makes a man's mind more active and the ideas which enter it nobler and more beautiful, is great addition to his happiness whenever he is alone, and to the pleasure which others derive from his company when he is in society."

Pessimism. — Since things spontaneously change for the worse, if they be not by design changed for the better, evils must accumulate without end .- Lord Bacon.

Friendships. — There are three friendships from which you can derive good and three friendships which are injurious. Friendship with the upright, friendship with the man of observation-these are advantageous. Friendship with the man of specious airs, friendship with the insinuatingly soft and friendship with the glib tongued—these are injurious.—Confucius.

It is indeed a good thing to be well descendcd, but the glory belongs to our ancestors.

We who work, and use our brains as we work, must sound the note of work as a privilege rather than a punishment; a joy rather than a penance. We must help others to realize that the people who work, the busy women, are far, far happier than those who have a life of indolent ease, who have no responsibilities, who are free from carcs.

Don't get the idea that being poor and having to work keeps you and your children from being "somebody." There is only one way to

be "somebody" and that is to be it.

Books and thoughts and soap and love and work and spring are plentiful and free for all. Use them to your own profit, and the more use you make of these things, the nearer will you come to being "somebody."

And never forget that the people who seek your society for the sake of what you have are never your friends. Only those who love you for what you are really count.

Facetious Items.

Tom-Singular that after Jones had been ill six months with typhoid he should die from nettle rash, wasn't it?

Fred-Yes, indeed; he came to a rash con-

"I strongly object," said the temperance man, "to the custom of christening ships with champagne."

"I don't," replied the other man. "I think

there's a temperance lesson in it."

"How can that be?"

"Well, immediately after the first bottle of wine the ship takes to water, and sticks to it ever after."—Exchange.

A negro mammy had a family of boys so well trained that her mistress asked:

"Sally, how did you raise your boys so well?" "Ah'll tell you, missus," .answered Sally. Ah raise' dem boys with a barrel stave, an' Ah raise' 'em frequent.''—Everybody's.

The verdict of history seems to be that, while a great deal has come to pass, relatively little has come to stay.—St. Louis Post-Dispatch.

Mrs. Nera Mann-When women gain the right of suffrage what will happen?

Mr. Kutting Tintz—Two-dollar votes will sell for \$1.98, I guess.—Brooklyn Citizen.

Teacher-"What happens when a man's temperature gets as low as possible?"

Scholar-"He gets cold feet."-Exchange.

Little Mary was only allowed to wear her low-neck and sleeveless dresses on very warm days. One morning she stood gazing at a photograph of a woman in a decidedly decollete costume. "My!" she exclaimed, "it must 'a' been an awful hot day when that was took!"-Harper's Monthly.

All in the Family.

Suburbs-The minister out in our place won't marry you unless you have a medical certificate.

Crawford-Is it hard to get one?

Suburbs-Why, no. It happens his brother is a doctor.—Judge.

A Long Life—Sir Walter Scott, while traveling in Ireland, was one day accosted by a beggar. He felt in his pocket for a sixpence but, finding that he had nothing smaller than a shilling with him, gave it to the woman, with the words:

"You must give me the change next time

we meet."

"I will, sorr," replied the beggar, "and may yer honor live till ye get it."-Los Angeles Times.

The Out door Life.

"The doctor says I don't take enough interest in outdoor pastimes."

'Are you going to profit by his suggestion?" "Yes. I'm going to sit down and read every word on the sporting page."

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MARCUS W. NEWCOMB, M. D.,

Medical Director

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ACUTE PYELITIS OF PREGNANCY.*

By Nathaniel G. Price, M. D., Newark, N. J.

Visiting Obstetrician, Newark Beth Israel Hospital; Lecturer on Obstetrics, Beth Israel Hospital Training School.

Pregnancy, even of the approved physiological type, imposes additional burdens upon the kidneys and the entire urinary tract; the consequent hyperfunctionation taxes the most virile organs to the limit of their efficiency. If, however, there be a flaw inherent or acquired in the integrity of any portion of this tract, as in the pelvis of the kidney, this becomes the locus minoris resistentiae and in the presence of pyogenic organisms is destined to become the seat of an acute pyelitis. A survey of this complication of pregnancy should prove of interest, not only to those of us engaged in active obstetric practice, who regard it as a satisfying solution to a baffling symptomcomplex, but inasmuch as this condition is responsible for a goodly crop of stillbirths, premature infants and weaklings it should also command the attention of those probing into the broad problems of antenatal prophylaxis, infant mortality kindred branches of eugenics.

That a purulent inflammation of the pelvis of the kidney may complicate pregnancy has been pointed out as far back as 1842 by Rayer. In 1893, Reblaub reported several cases before the French Congress of Surgeons, and in 1895, Opitz made an exhaustive study of the literature and reviewed 80 cases, showing that the condition seemed rather uncommon. Williams, in his treatise, mentions ten cases, three of

*Read at the 149th annual meeting of the Medical Society of New Jersey, Spring Lake, June 22, 1915. a severe form, in which he induced premature labor with recovery; one a neglected case, which came under his notice only after spontaneous premature labor took place, and in which death resulted from sepsis, and six others, which were cured by medication and hygienic measures. Lusk makes no mention of this condition, whilst De Lee, in his 1914 edition, gives a comprehensive survey of the subject. Among recent contributors must be mentioned Karl Franz, of Berlin, whose excellent article appeared in the September, 1914, issue of the Zeitschrift fur Urologie.

The development of pyelitis depends upon three factors, which must operate conjointly: 1st, Stasis of the urinary flow, which may be due to compression or kinking of the ureter or a partial closure of the ureteral openings into the bladder; 2nd, the presence of pyogenic organisms, and 3rd, the lowering of the vitality, or injury of any part of the pelvis of the kidney. These three factors are peculiarly prone to co-exist in pregnancy, for besides the direct provocative agents of pyelitis in general, such as renal calculus, growths, tuberculosis, acute infectious diseases and ascending affections of the bladder-conditions which may complicate pregnancy—we also have in this state a decided congestion of all the pelvic viscera, the rapid enlargement of the uterus with a tugging upon the ureters and their displacement into positions which may materially interfere with the proper drainage of the pelvis of the kidney. That this is not merely a fine-spun theory is borne out by the fact vouched for by De Lee that in two-thirds of the autopsies on pregnant women the ureters, particularly those on the right side, have been found dilated and filled with residual urine. Observers, however, do not seem to agree as to the exact cause for the stasis; some, as Williams, believe it is due to the compression of the ureters at the brim of the bony pelvis by the gravid uterus, others urge that because of the congestion of the bladder the ureteral openings become partially occluded, and still others, as De Lee, maintain that the ureters become kinked as the result of the upward traction by the pregnant uterus.

A question of interest is, "How do the bacteria gain access to the pelvis of the kidney?" Here again authorities differ. Some believe that they enter from the outside, pass into the bladder, then upwards: others that they are carried by the blood vessels, and a rapidly growing minority believe that they are carried to the kidneys directly from the colon by means of the lymphatics. Franz leans decidedly toward direct colonic infection. To fortify his contentions he points to the skillful anatomic section of Franke, of Berlin, which seems to demonstrate that the lymphatics travel directly from the ascending colon to the pelvis of the right kidney, whilst the route of the lymphatics on the left side is vague and interrupted. This fact would also explain why the incidence of right pvelitis is so frequent and why obstinate constipation with the likelihood of putrefaction is one of the most important predis-posing causes. Frank S. Meara lays special stress on this point. He states in Forscheimer's Therapeusis, "A distended gut by pressure on the ureter encourages stasis of its contents and forwards the process of infection.'

As to the particular organism, which causes pyelitis, the bacillus coli communis seems the most dominant. Indeed, in Franz's cases, and in his article he speaks of extensive material, he found the colon bacillus present in all of them. Vineberg. of New York, maintains that the gonococcus of Neiser is often associated with pyelitis and may even be the solitary bacterial cause of the infection. Our findings in a series of fifteen cases in the Newark Beth Israel Hospital inclines us to the belief that any of the pyogenic organisms, singly or in combination, may be the provocative agents; the colon bacillus was, however, more frequently present than any of the others. In this connection it may be worthy of note that De Lee finds bacteriuria present in 15% of all pregnancies and that Murray discovers the colon bacillus in the urine of 441/2% of his gynecological patients before operation.

As to the third prime factor in the development of acute pyelitis of pregnancy,

namely injury to a portion of the pelvis of the kidney; this may be the result of a previous pathological condition, or it may be brought on as the result of a highly acid residual urine in the ureter, or again, to the irritating toxins, which, according to Abderhalden, are elaborated in every case of pregnancy, the foetus and placenta acting as foreign bodies in the system.

The symptoms of acute pyelitis of pregnancy are quite distinctive; they are, fever, chills, pain and disturbed urination. temperature is of a septic type; it may go as high as 105 in the evening and fall almost to normal in the morning. chills are frequently quite pronounced and may be followed by profuse sweating. The pain is more or less severe and is not always confined to the region of the kidney; at times the pain radiates downward along the affected ureter or the patient may merely complain of an indefinite soreness in the abdomen. Franz has never seen a case of uncomplicated pyelitis where the pains were of a colicky nature. The bladder symptoms are fairly constant; at first the patient may pass a smaller amount of water, but later she complains of frequency, precipitancy and scalding.

The diagnosis is made from the history of the case and the examination of the urine, which will be found to contain pus and swarms of bacteria. Palpation, or deep pressure, over the affected kidney elicits pain and at times an enlarged kidney may be appreciated. The affected ureter is very sensitive to touch. On cystoscopic examination, pus may be seen exuding from the ureter of the affected side and on ureteral catheterization the urine from the diseased pelvis will contain the diagnostic findings. Meara finds that the urine in colon bacillus infection is always acid and in streptococcic and other bacterial infections it is alkaline.

The differential diagnosis, as a rule, presents but few difficulties, but at times the signs and symptoms may be confused with those of appendicitis, renal calculus, salpingitis, cholecystitis, lumbago, typhoid fever, malaria or even neurasthenia. The distinctive points of differentiation in appendicities are: The continued temperature, the pain tending to localize over McBurney's point, the vomiting, which is frequently present, the rigidity of the right abdominal muscles and the negative urinary findings. But it is well to remember that appendicitis and pyelitis may be co-existent conditions; G. L. Hunner, of the Johns

Hopkins, has reported six such coincidences. A renal calculus may be diagnosed by the renal colic, the presence of free blood in the urine and by means of a Roentgenoscopy. The other conditions should not puzzle us, if we make a careful examination and apply all the effectual tests at our command.

The duration of this disease depends upon the virulence of the infection and the resistence of the patient. It may last one week or it may persist for three months, six weeks is a fair average. A recurrence is possible and the condition may become chronic. Only 60% of the women go to term and the baby is often still-born, under-weight or shows other signs of lowered vitality. To illustrate the usual course and progress of this complication, I can do no better than to cite the history of a case, kindly referred to me by Dr. L. L. Davidson, of Newark. Mrs. F. S., age 23, para 2 had first baby uneventfully; she cannot recall having any ailments of any kind, outside of persistent constipation, necessitating the frequent resource to cathartics. December 23rd, when she was in the ninth month of pregnancy, she was suddenly seized with chills and fever accompanied by pains on the right side, shooting downwards toward the bladder. The fever continued remittently, urination was at first impeded, later it became frequent and scalding. We placed her in a private room of the Beth Israel Hospital in order to keep her under closer supervision. Appendicitis was at first suspected, but a careful examination of a catheterized specimen of her urine cleared up the diagnosis; this was found to contain a decided amount of albumen, numerous granular casts and a large quantity of pus. Under medication, rest and a carefully revised diet, her urine gradually cleared up. Her temperature chart showed the typical septic elevations and depressions. January 14th she was spontaneously delivered of a baby girl, apparently in healthy condition, but one ounce under weight.

The special interest in this case is her history of well-being till within three weeks of her delivery, her constipation as a possible aetiological factor and the simulation of the symptoms of acute appendicitis.

The prognosis of acute pyelitis of pregnancy is good as far as the ultimate recovery of the mother. It is well, however, to bear in mind that Prof. Williams reports one fatal case and Franz reports two fatal cases. One of these cases was that

of a young woman, age 23, para 2, who had been sent into his hospital with the diagnosis of general sepsis. Labor pains came on and she was delivered within two hours. Three hours afterwards she died. Postmortem findings were those of a severe pyelitis of the right side. Franz's second fatality was in a woman, age 35, para 3. In the fifth month of pregnancy she came into his obstetric clinic with chills, high temperature and indefinite pains in the abdomen; the diagnosis of acute pyelitis was made and she was treated for this condition for six weeks, when the symptoms all cleared up and she was discharged. Two months afterwards she returned with the identical symptoms. Some days afterwards she was delivered, but died the day of delivery. Post-mortem gave the same findings as the first case. From these cases Franz concludes that a purulent pyelitis is strictly a localized infection; that it need not, and seldom is, complicated with a pyonephritis.

The treatment consists of complete mental and physical rest, the elevation of the patient into a Fowler position, the use of a fluid diet, and the administration of urinary disinfectants such as urotropin 30 grains per day. If this medication causes tenesmus, as it occasionally does, benzoic acid or one of the benzoates might be added. It is well to remember that urotropin is particularly helpful in infections with the colon and typhoid bacilli. James Burnett. writing in the International Clinic, 1912, urges the free use of potassium citrate; he recommends 30 grains every three hours till the urine is rendered strongly alkaline then a reduction in the dosage. Poultices over the affected region often prove grateful and cold sponging might be resorted to for the fever. Meara feels encouraged in the use of autogenous vaccines; he reports some cures. De Lee advises the kneechest or elevated Sims' position three times a day for ten-minute periods and urges the use of vaccines only after delivery. very rebellious cases Williams practices the induction of premature labor; he finds that as soon as the uterus is emptied of its contents and contracts firmly, the ureters freed from the upward traction at once assume a more normal position, drainage is quickly established and therefore a cure follows very soon.

Urologists urge ureteral catheterization and pelvic lavage with various astringent disinfectants. J. T. Garaghty, of the Johns Hopkins, favors pelvic lavage in uncomplicated cases of pyelitis, particularly if they show a chronic tendency. He experimented with various solutions such as argyrol, protargol, liquor formaldehydi, carbolic acid, aluminum acetate and silver nitrate; he has concluded that silver nitrate and liquor formaldehydi are the most beneficial. He gradually increases the strength of the silver nitrate, using as high as 5% in obstinate cases. It is his opinion that a case of pyelitis is not entirely cured until there is a persistent absence of pyogenic organisms and pus cells.

For the prophylaxis of acute pyelitis of pregnancy, we must be mindful of the hygienic and dietetic laws peculiarly applicable in this State; plenty of fresh air, wholesome unirritating food, warm clothing, frequent warm baths and moderate exercise are essential. The strain on the urinary tract from the hyperfunctionation, incident to pregnancy, should be relieved by the occasional administration of a refrigerant dinretic, such as bitartrate of soda, and the danger of faecal stasis should be forestalled by keeping the bowels in good condition. Last, but by no means least, the examination of the urine of pregnant women should be made frequently and with more thoroughness than we usually accord it; if albumen be present in more than a trace, the urine should be examined microscopically for the presence of pus cells and pyogenic organisms.

In conclusion permit me to add that in my humble opinion, pyelitis of pregnancy is a complication which is at present often overlooked. This is true, not so much because we are prone to be satisfied with a snap-shot diagnosis, for nowadays scientific accuracy is the aim of even the most unassuming of practitioners of medicine, but more because our aftention has not been called to this condition with sufficient emphasis and insistence. I feel convinced that all of us can recall instances where painful, febrile states were concomitants of pregnancy, to which we gave such diagnoses as malaria, lumbago or la grippe; some of these were undoubtedly cases of pyelitis. With a closer study of the signs and symptoms and a livelier appreciation of its possible incidence in pregnancy and also the puerperium, we will find this condition a more frequent complication than the present rather meagre literature would lead one to believe.

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DISCUSSION.

Dr. Max Danzis, Newark: It seems to me that the most important element in consideration of this subject is the question of the diagnosis, and its differentiation from various other surgical conditions that might affect the abdomen, particularly on the right side. This is particularly true of those cases of pyelitis of the hematogenous type complicating the advanced stages of pregnancy, where no previous history of any pathological condition of the urinary tract can be obtained.

The gravid uterus filling up the abdomen causes so much disturbance in the anatomical relationship of parts, that it is extremely difficult even for the most expert to arrive at a positive conclusion in a given case, and no amount of clinical observation should be sufficient to justify one in arriving at a diagnosis unless it is supplemented by a thorough ure-

teral and cystoscopic examination. Of all the acute or chronic surgical affections that pyelitis is often confused with, appendicitis seems to be the most common source of error. In a series of six cases that came under my personal observation the diagnosis of acute appendicitis was made at the outset either by myself or others, three times; fortunately a little closer observation revealed the true condition and the more serious blunder of performing an unnecessary operation was avoided. The next frequent cause of blunder, is acute cholecystitis, two cases out of the same series was diagnosed as such and after further observation and thorough urinalysis the correct diagnosis was made.

As far as treatment is concerned I have nothing to add to what Dr. Price has already covered in his paper. My experience with urotropin has been very gratifying, in most cases the symptoms cleared up within a period of ten days.

Dr. Nathaniel G. Price, Newark: I would like to add a few words, which the fear of over-stepping the time limit, has dissuaded me from incorporating in my article. First of all one of the diagnostic signs, which I failed to mention, is Murphy's first percussion; I presume you are all familiar with it; the best way to elicit this characteristic sign of nephritic or pyelitic involvement is to have the patient, while standing, bend sharply over the bed or table. With one fist implanted firmly over the site of the suspected kidney, give it a sudden tap with the open palm of the disengaged hand—the sharp, sickening pain with the momentary shock, is quite distinctive.

Another point I would like to make clear is the possibility of the existence of pyelitis in the puerperium. Our experiences no doubt agree in this particular; we often have puerperea in which a temperature of 101 or 102 persists for a week or ten days; you will concede that we are prone to be satisfied in calling this mild pyrexia benign septicemia or local infection, without seeking for any further explanation for the elevated temperature. No doubt in the vast majority of cases these are indeed the only causative agents; but the point I wish to emphasize is that in a goodly proportion we will be surprised on examination of the urine to obtain the diagnostic findings of an acute pyelitis. These cases readily respond to urotropin.

IMMUNIZATION OF POLLENOSIS.*

By Seymour Oppenheimer, M. D., and

MARK J. GOTTLIEB, M. D., New York City.

Hay fever or pollenosis is a disease which manifests itself in the spring, from the early part of May or June to early or middle of July, and in the autumn from the middle of August to the end of September or early October. It is characterized by itching of the eyes and lachrymation, sneezing, sero-mucus discharge from the nose, obstructed breathing and itching of the palate and face. If the attack is very severe sooner or later there is coughing and difficult breathing accompanied by wheezing. It is caused by the action of the pollen grains from flowering plants, the pollen being carried by air currents and thus conveyed to the mucus membranes of the eyes, nose and the remainder of the respiratory system. If the recipient is susceptible to any of the pollens which occur in the air and if their concentration is sufficient to go beyond the threshold of reaction, an attack of pollen disease will promptly ensue.

The term hay fever is a misnomer. It should rather be called as implied by the above, pollenosis or pollen disease, because there are a number of pollens other than those of grasses which also cause this condition. The term rose fever as applied to the spring variety of pollen disease is also a misnomer, because of a large series of cases of vernal pollen disease tested by us we have only found one case which was

sensitive to the pollen of roses.

ETIOLOGY.

Predisposing Causes: Heredity plays a very important role in the etiology of pollen disease as we have shown that over ninety per cent. of our cases have relatives who suffer with allied ailments such as urticaria, asthma or other manifestations of anaphylaxis, following the ingestion of casein, egg white, shell fish, or are sensitive to the contents of pollen, flies, or are anaphylactic to the dust and serum of horses and cats.

Any denuded surface on the body is a suitable place for the parenteral absorption of the proteins of pollen, so that given a patient whose antecedents either in colla-

teral or direct line have shown themselves to be sensitive to any of the above mentioned substances; that patient, if so exposed, will in all likelihood develop pollen anaphylaxis. For the above reason, it can be easily understood why chronic inflammatory conditions of the nose and throat such as sinusitis, adenoid vegetations, and malformations of the nose with their attendant obstructions to drainage, make these organs a suitable place for the reception of this disease.

Exciting Causes: The cause of this disease has definitely and conclusively been proven to be the pollen of anemophylous plants, particularly the graminaceae, cyperaceae and compositae. It is possible to produce a typical attack of pollen disease in a sensitive individual at any time of the year, independent of the time when the plants bloom to which the patient is sensitive. A small quantity of pollen, if aspirated into the nose, will cause a typical attack of pollenosis which will last for a few hours and if the quantity sniffed up is very large a severe attack of anaphylaxis may result.

DIAGNOSIS.

The method which we have used for determining which pollen or pollens are operative in a given case is the skin scarification method. A very small scratch, not enough to produce bleeding but sufficient to cause the exudation of serum, is made on the arm of the individual to be tested, and a very minute quantity of pure pollen is gently rubbed into this wound. In a very few minutes a wheal will develop around this area of scarification. The swelling and redness are measured after fifteen minutes has elapsed, subsequently such vaccinations are made during the course of treatment, and are again measured after fifteen minutes period, so as to determine whether the treatment is effective; for we have observed that the size and duration of the wheal diminishes as treatment and immunization progresses.

Some patients are susceptible to only one or two pollens and there are other patients who suffer from a sensitiveness to all pollens, so that the latter have symptoms of pollenosis lasting five months during the spring and summer, while the former exhibit symptoms but from six weeks to two months. The earliest that we have found patients suffering from pollen disease in this locality is about the first of May. This spring, however, we had a case under treatment whose attack of pollenosis began in the early part of April. He is a resident of southern Georgia and is sensitive to the

^{*}Remarks on the immunization of pollenosis (hay fever), with a demonstration of the methods employed in determining pollen anaphylaxis. Presented at the annual meeting of the Medical Society of New Jersey, at Spring Lake, June, 1915.

pollen of the Pecan tree. The latest we have known patients to suffer from pollen anaphylaxis is the later part of October. This occurred in several cases suffering from the fall variety of pollen disease who sojourned to an immune locality during August and September, and on returning in October developed symptoms of pollen anaphylaxis because they have not developed their usual seasonal immunization and are just as sensitive in October as they were in the early part of August.

In conjunction with the scarification method of diagnosing which pollen or pollens are causing symptoms we have made extensive use this year of the complement fixation test. After the skin scarification it has been our practise to apply the complement fixation test to the patient's blood, using an antigen of the pollen which gives the most intense reaction. In that way we are able to gauge how much natural immunity the patient has and subsequently, after ten or twelve treatments, the complement fixation test is again performed to determine the amount of immunity produced. In this way we are able to judge when treatment should be stopped. It has been our experience that pollenosis patients who have never had treatment show a doubtful fixation test, whereas those who have had treatment the previous year show a reaction of between three and four plus. From this it can be deduced that a patient having had treatment the year previous carries over to the next year some immunity.

COMPLICATIONS.

Notwithstanding the fact that the subject of pollenosis has never been taken sufficiently seriously by the profession and general public, it nevertheless has its serious aspects. A case of pollenosis may develop a train of symptoms which, remaining untreated, may be the cause of an untimely death.

One of the most common complications is asthma. Patients suffering with pollenosis, especially those who breathe through the mouth, due to obstructed nasal passages, inhale into their bronchial tubes large quantities of pollen which cause a swelling of the mucous membranes of the lower respiratory tract, with the production of typical asthma. Superimposed upon this, should the patient be unfortunate enough to have his bronchial mucous membranes infected by any of the micro-organisms which are natural inhabitants of the respiratory tract, such as streptococci, pneumococci, etc., asth-

matic symptoms are perpetuated throughout the year with an accompanying profuse bronchorrhea. The asthma and bronchitis are very much worse during the time the patient is exposed to the pollen disease, and the condition is as pitiful as any that the physician has to contend with. In time the lung tissue becomes dilated and then we have in addition emphysema, followed by the usual cardiac dilatation attended with dropsy, etc.

Nasal sinusitis occurs very often during an attack of pollenosis, due to the fact that the drainage of the sinuses is impeded by the obstructed nasal passages. Under these circumstances the condition is rather difficult to combat because of the recurring obstruction even after the application of a strong solution of adrenalin or other vasomotor constrictors.

Deafness due to tubal catarrh or stretching of the drum membrane during violent paroxysms of sneezing is a very common complication and sequela of this disease.

PROGNOSIS

A great many cases of pollen disease have their attacks each year without acquiring any of the complications or sequeli referred to. In fact we have seen patients who have suffered with this illness for over forty years, and with the advent of age the intensity of their attacks have gradually diminished so that they are moderately comfortable during the season for pollen an-On the other hand, we have aphylaxsis. seen severe pollenosis accompanied by asthma and bronchitis followed by chronic emphysema and myocarditis. It is our firm conviction that every case of pollen disease, either complicated or uncomplicated, except where degenerative changes have taken place in the pulmonary or cardiac tissue, can be cured if we are in possession of the pollens which are instrumental in causing symptoms in a given case. The cases which have superimposed on the primary condition an infective bronchitis do very well if an autogeneous vaccine from the pathogenic micro-organisms found in the sputum is administered in conjunction with the specific pollen antigen. The outlook depends in a great measure upon the general Many patients condition of the patient. come to us very much below weight, with a moderate anemia and unless this is corrected by proper diet, rest and tranquility of mind, the treatment will be a failure because they are unable to produce for themselves an immunity.

TREATMENT.

Active Immunization: It is our practise to begin treatment about eight or ten weeks before the expected onset of symptoms. Gradually increasing doses of pollen extract are given about every four to six days; should an immoderate swelling and itching occur at the site of the injection the dose is lowered or remains the same until no more reaction occurs to that dose, and then we proceed increasing the dose as before. If a patient is susceptible to more than one pollen an individual injection of each is given so as to gauge the dose of each pollen and thus vary it according to the reaction produced by the previous injection. Under these circumstances we have been compelled to give to some of our patients five or six hypodermic injections at each treatment.

Passive Immunization: Should any of our cases not be able to develop for themselves enough immune body as would be expected from the effect of the injections of pollen extract, we give one large dose of blood serum from a rabbit that has had large quantities of pollen extract injection at regular intervals for about five months. Under these circumstances the rabbit serum shows an antitoxic content of thousands of units which are sufficient to bind the antigen with the complement in the blood and thus effect a quick proteolysis of the antigen down to amino bodies and ammonia which are not toxic. Only one dose of this serum is given and thus the possibilities of anaphylaxis occurring are avoided.

Patients who come to us during the attack of pollen disease feel greatly improved about twelve hours after the first treatment. It has been observed if treatment is kept up regularly every four to five days the symptoms disappear entirely. Should the patient's vitality be insufficient to build up for himself an immunity, we administer a large dose of immune serum, as stated above, and our results have been most satisfactory.

RESULTS.

From our published reports in 1913-1914 we had the gratification of having fifty per cent. of seasonal cures. After much refinement in our method of treating our patients we are happy to state that of a large series of cases of spring pollenosis (1915) that only two had mild symptoms. In these two cases we were not able to find the pollen to which they react markedly, and the treatment with the ones to which they were mildly anaphylactic has been conducted very irregularly.

If this is a forecast of the results we

expect with our fall cases (1915) we feel that we shall have added another triumph to the annals of immunology.

CONCLUSION.

The authors feel it incumbent upon them to warn the medical profession against "hay fever" vaccines as exploited by the various pharmaceutical concerns. Our attention has been called recently to a vaccine that has lately been put on the market, which contains a mixture of a large number of pollen extracts. This mixture is given both for spring and fall cases. No diagnostic means are employed to determine which pollen or pollens are operative in a Under these circumstances given case. many a patient who is suffering from the spring variety of pollenosis, being already a fit subject for further sensitization, is placed in danger of becoming sensitized to those pollens which are active during the fall. Furthermore, pollen extracts as we have shown deteriorate on standing and extremely toxic substances may be found in these extracts which may endanger the life of a patient. It may also be stated that pollen extracts in large doses are extremely dangerous and with the dosage not properly controlled by experienced workers in this particular field, a calamity from mishandling may cast a shadow upon a very valuable proposition.

We speak in emphatic terms upon this subject because in our experience we have seen the ill effects of large doses of these substances and appreciate their dangers; therefore, this note of warning.

In conclusion, Dr. Seymour Oppenheimer demonstrated on a series of patients the method employed for determining pollen anaphylaxis, using a variety of pollens of the spring and fall plants.

The County as the Unit in the Tubereulosis Campaign.—George J. Nelbach, of the New York State Charities Aid Association, says that the tuberculosis problem is one largely for local authority and that the county as a political unit has great responsibility in the anti-tuberculosis movement. On account of the immensity of the problem and the great expense connected with it the county is the most practical unit to deal with it, and as already provided for in some States, the county should not only establish an institution for the care and treatment of tuberculosis, but such hospitals should be the center of the organized movement against the disease in the community. It should assume complete responsibility for the discovery and diagnosis of cases and for their care, for the friendly oversight of discharged cases, for the sanitary and medical supervision of patients in their homes, and for a continuous campaign of health education.

THE INFANT MORTALITY PROBLEM IN NEW JERSEY.

By Julius Levy, M. D.

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The State of New Jersey has no program for the reduction of infant mortality or the conservation of child life. I hope in this paper to point out the need for such work and to indicate the direction it should be given. I shall avoid reference to many conditions that bear a causal relation to this problem elsewhere, as well as to many measures that have been found valuable in other communities but may not be indicated here. The importance of the subject is readily shown by the fact that the deaths under one year of age outnumber the deaths from tuberculosis at all ages and in all forms. In 1910 there were 8,363 deaths under one year, in New Jersey, of which at least 50% were preventable. This loss is least 50% were preventable. appalling enough, but perhaps of even graver moment to this State is the fact that conditions and circumstances, which directly or indirectly caused these deaths affect the health, vigor, moral and physical stamina of the babies that survive. It appears that the infant mortality rate in New Tersey is unusually high, not as measured by any ideal standard, but even in comparison to that in other registration States. According to the statistics of the United States Census Bureau for 1910, the infant mortality rates in the registration States were as follows:

Rhode Island	168	Massachusetts	131
New Jersey	154	Connecticut	127
Pennsylvania	140	Michigan	124
Maine	135	Vermont	108

As will be noticed, New Jersey has the second highest infant mortality rate

amongst these States.

It is an axiom in medicine that treatment readily suggests itself and is easily applied after an accurate and comprehensive diagnosis of the etiological factors and pathological conditions has been made. This principle applies as readily to the subject under discussion. We shall attempt, therefore, accurately to determine all the etiological factors of this grave disorder of society, and after estimating their relative importance, prescribe remedies. For purposes of discussion we shall divide the conditions and circumstances productive of infant mortality into three classes: The

prenatal, those active before the birth of the infant; the neonatal, those playing their largest part at the time of birth and immediately after; and those that for convenience can be classed as postnatal.

First, we will discuss the conditions inimical to infant life that play their largest part before the birth. These factors are not easily demonstrated, but are none the less real. Everything that reduces the health and vitality of women has a direct bearing. Unhygienic living, with all that this implies, on the part of young women in rich as well as in poor circumstances, has its effect upon the offspring; but more directly we would speak of excessive longcontinued fatigue, with its production of toxins, which accumulating in the system and never completely eliminated, leave a young woman in poor condition for the duty of child-bearing and child-rearing. We would direct attention more particularly to those occupations that require women to stand for protracted periods, that produce pelvic congestions, displacements of organs or general debility, and are the cause of abortions, premature and immature births, and imperfect nutrition of the fetus. These factors play a predominant part in that group of deaths occurring in the first day of life, amounting to one-tenth of the deaths in the first year. Syphilis, alcoholism and lead-poisoning act similarly. Of 112 pregnancies among 22 lead workers 55 ended in abortions and 4 in stillbirths, and 36 of the infants died before they were one year old, leaving at the end of one year 16 living children out of 112 pregnancies; 50% abortions and 68% mortality in those born alive! awful toll exacted from the women working in lead industries.

The story of syphilis it is impossible to tell in numbers. Many of the deaths during the first weeks, though ascribed to atrophy, congenital debility, prematurity, immaturity, etc., are undoubtedly due to syphilis. In a recent analysis of over 705 fetal deaths, Whitridge Williams of Johns Hopkins found syphilis the cause in 26%. Alcoholism is apt to accompany these other poisons, and its influence can hardly be differentiated from the toxins of fatigue, lead or syphilis. We should also remember that lead-poisoning and alcoholism play a large part in infant mortality where women are not employed in the industries, because these poisons are racial poisons and affect the reproductive organs and functions of the fathers. For this reason

healthy women often give birth to puny

In New Jersey the cities with the highest infant mortality rates are manufacturing towns.* More particularly, they are cities in which there are industries that either employ a great number of women or else are peculiarly inimical to the health and welfare of their workers. As I give the infant mortality rates for the various cities it will be noticed that they bear no relation to the size of the city, the congestion, the nature of the population, the general sanitation, water or milk supply, but that the one thing common to them all is these industries and certain standards of living that seem always to accompany certain forms of employment. The infant mortality rate in 1910 of

Jersey City	203	Paterson	147
Camden	185	Plainfield	153
Elizabeth	198	Bayonne	135
Garfield	176	Bridgetown	121
Harrison	219	Newark	123
New Brunswick	237	Bloomfield	101
Perth Amboy	173	Hackensack	131
Phillipsburg	280	Millville	120
Trenton	216	Orange	120
Passaic	167		

You will readily realize what an awful waste of infant life is tolerated in these cities and our whole State when I compare these rates with those found for the same year in the following foreign cities:

The city of London, with a population of

more than seven million,

had a rate of103	per	thousand	births
Edinburgh111	7.7	,,	9.9
Glasgow121	2.2	11	"
Sydney 82	2.2	**	"
Paris118	11	**	"
Amsterdam 78	,,,	"	2.2
Stockholm 92	,,	,,	7.7
Vienna166	9.9	"	,,,
N. York in 1912 had105	2.2	"	. ""
New'k in '13 had only 93	2.7	"	"

The little town of Garfield admirably epitomizes the story of the true cause of infant mortality. Here, in a little bit of a town of hardly more than eight thousand inhabitants, the deaths under one year in some years make up more than 50% of the total deaths of the city. Here we have a population whose women have built up a glorious silk industry for that district; many of these women continue working in the shop during pregnancy, almost up to the very day of their confinement, and return from sheer necessity as soon as they are able to walk back. New Brunswick, Paterson, Elizabeth present a similar high infant mortality rate and a similar indus-

trial problem. Other cities like Trenton, Perth Amboy, Rahway, have industries that expose the workers to occupational diseases, excessive fatigue and alcoholism.

There are other factors hard to estimate but just as real. The many abortions, spontaneous and criminal, that occur today destroy more than one fetus. A recent survey in Newark shows that probably not less than 11,000 abortions occur each year. Death, sterility, endometritis, deformed and debilitated offspring are the natural products of such unnatural practices. Whatever we may think of the moral character of those who are party to these abortions, with their well known dire effect on our women and children, we must realize that these too are the result of economic and social maladjustments, just as the early deaths from fatigue, leadpoisoning, and syphilis are the results of other economic, social and moral maladjustments and obliquities. Physicians should take their place with those who are trying to correct these maladjustments, less in the spirit of reformers than as physicians concerned with the safeguarding of the health of the State. The remedies suggested by the discussion of the causes active before the birth of the baby include the following:

First, the careful regulation and supervision of all occupations in the dangerous

trades.

Second, a regulation of women's labor by those interested in the preservation of our race, rather than by those interested in the preservation of an industry. The need of this change of view was neatly evidenced by the men who argued before the legislature against a ten-hour law for women in the canning industry, on the ground that it would interfere with their business. The regulation should include an eight-hour day for women, and careful guarding against prolonged standing, and such provisions as would compel a woman to remain away from the factory six weeks before a confinement and at least two months afterward, as is done in eleven countries of Europe to-day.

Third, the elimination of syphilis, at more actively with the forces fighting the least among the married, is essential. No matter what our views may be of the sex question, physicians must align themselves social evil, if they would prevent infant

morbidity and infant mortality.

Fourth, a general education of women in personal hygiene, particularly during preg-

^{*}See table at end of article.

nancy. This education should be part of a systematic supervision of expectant mothers. It would impel women to undergo a medical examination early in pregnancy, and through treatment and management avoid many of the dangers and accidents of pregnancy and labor. This prenatal work can readily be done by the nurses, who, as will be indicated later, should visit mothers to teach them the care of their babies. Among five hundred supervised mothers in New York the number of miscarriages, still births and premature births was reduced 20% and the deaths in the first month by half.

The factors I have been discussing are largely responsible for the deaths occurring on the first day, but the kind of care the mothers and babies receive at and immediately after birth either lessens or heightens their effect. In Newark 52% of the births are delivered by midwives, and among the native born 25% are delivered by midwives. About 6% are delivered in hospitals. We all know that midwifery practice is not what it ought to be but this is not because New Jersey has not sufficiently stringent laws to change it, but merely because, as far as I can learn, no one in our government considers it his duty to enforce these laws. I believe that the practice of midwifery could be made safe and valuable if some State department or official enforced the law, and, furthermore, supervised and regulated the practice. have records of one midwife who delivers as many as 38 births in one month. Surely she cannot practise honest, careful obste-The character of the regulation should be not only of a negative nature, that is, to prevent midwives from breaking the law. Lectures on asepsis, ophthalmia, infant mortality, should be given them. Midwives who seem to lack training or whose methods are obsolete should be compelled to take a short course in the city hospitals. By following up birth and death records we can soon learn of those whose work is harmful, and they can rapidly be eliminated. The midwife is often a menace, not because of poor obstetrical methods and lack of asepsis, but because she brings to the mother no enlightenment in the care of herself and baby, rather the same ignorance, superstitions, and wrong methods already present. Again, many women are confined by midwives who should be cared for only by an expert obstetrician, or preferably in a hospital. In this way many deaths of mothers and babies from sepsis, placenta previa, exhaustion, protracted labor, and similar conditions could be avoided, conditions which we may, I think, call preventable accidents.

For the prevention of early infant mortality proper obstetrical care is essential. It can be supplied, first, through proper enforcement of the present law for the practice of midwifery; second, by an active supervision of midwives; third, by supplying to a much greater degree than exists to-day, facilities in hospitals for maternity cases, particularly for all difficult labors or abnormal pregnancies. In large cities, I believe we require in addition an obstetrical out-patient department to care for poor women with normal pregnancies and labors, or for those women who cannot for various reasons enter a hospital.

If we succeed in remedying the conditions I have described under prenatal and neonatal factors, we have still left that very large and important group that spend their forces on the child after it is born. I believe that I can sum up all the causes inimical to infant life after its birth practically in one word—ignorance. Ignorance amongst some doctors in the proper care and feeding of babies; ignorance among midwives; ignorance amongst practically all women; ignorance of the importance of maternal nursing, the rationale and technique of maternal nursing; ignorance of infant hygiene and physiology. If we succeed in climinating this ignorance and re-placing it by full self-reliant knowledge. we shall eliminate more than one-half of all the infant mortality. I say this confidently, because I know that it is nothing more than ignorance that prevents many mothers from nursing their babies; that maternal nursing is possible in at least 90% of the women for the first six months, whenever they are properly advised and directed, and physical and economic disabilities are removed. Poverty is only a secondary element. Ignorance even when associated with wealth produces more deaths amongst babies than poverty when associated with knowledge.

We come then to the conclusion that the prevention of infant mortality is an educational problem; and yet. I should not like to see it fall into the hands of pedogogues. I should prefer to see this teaching done by physicians and nurses, because to make this instruction effective you must do more than impart it. You must make mothers feel that not to follow the lessons taught endangers the health and life of the infant.

The infant consultation station serves this purpose excellently. Indeed, I feel that in the largest sense this is its greatest value. An infant consultation station should be in a public school, at hours most convenient to the mothers of each neighborhood, and conducted by a physician and nurse who speak the language of the mothers. can show a person how to do specific things without a language or in one partially understood, but you can explain, argue, and persuade only in the language in which the person speaks, thinks and reasons. insist that this is the first condition for effective teaching of infant hygiene. This teaching to be of value must be given before the mother has stopped nursing; before the baby is sick, and surely before the baby is dead. This sounds a little farcical, but I think I am correct in saying that very few agencies working in infant welfare, use the birth records as a basis for visiting each baby just as soon as it is born. You can see the need of this when you recall that one-third of all the deaths under one year of age occur in the first month or one-seventh in the first week. You can also see the need of a rigid enforcement of the law requiring all births to be reported within five days. The nurse should visit the mother within the first week; make sure that the mother nurses her baby; help in removing and preventing such conditions as may interfere with such nursing, as cracked nipples, over-fatigue, improper nourishment, overwork, too early rising from the bed; and then advise the mother to come to the infant consultation station to have the baby regularly weighed and discuss matters with the doctor, and so get rid of all her superstitions, prejudices and notions, inherited from Eve and intensified by every daughter of Eve. Weekly weighing, conferences with the doctor, and visits to the house by the nurse will keep nearly every baby at the breast at least six months, and a very large majority nine months. It will enable doctor and nurse to counteract neighborly and mother-in-law interference. It will permit the best kind of teaching, the unfolding of knowledge as the baby de-The mother will see other mothers following the same regime, and so there will be built up an atmosphere of right living for the baby and right thinking about the baby. The mother will be prepared for every emergency in baby's life, and it will pass through infancy without the generally expected spoiled stomachs, convulsions, and summer diarrheas.

Still. I must admit that not all mothers are teachable; that with age the brain loses its plasticity and the mind can no longer be moulded. Some women will nurse the baby every time it cries, smother it with clothes, and shake the liver out of it when it fusses, no matter what we teach them. Therefore, we must prepare our next generation of mothers now. I believe that every girl, from twelve years up, ought to receive proper instruction in the hygiene and management of babies. The Little Mothers' League gives an easy opportunity for this teaching, without letting the girls realize that they are preparing themselves for motherhood. In each school a class can be organized; each girl can be appointed to look after one baby and her mother and attend the conference with the mothers. By proper direction it is easy to fix in their minds the normal development of the baby, the importance of maternal nursing, the essential facts about artificial feeding, and why babies become sick. They spread this knowledge, and as they spread it, it sinks deeper into their own minds.

We have some aids to our education program, but none that I feel are of great use. Literature is of limited value; the printed page has very little influence on the mind accustomed to get all its information by word of mouth, as is the case with most foreign-born mothers and many nativeborn. One condensed booklet on the care of the baby, printed always in the language of the neighborhood, is sufficient. Lectures, especially if accompanied by moving picture films, are of greater value. I have used and would recommend the films called "The Care and Feeding of Babies," "The Fly Pest," and "The Man that The lectures should always be in the language of the mothers, and the girls from the upper classes should attend. Exhibitions and shows are of more value in arousing interest in the subject as a whole, than in helping individual mothers. Of course, as is usual with this contraryminded human race, those who need it most do not attend the exhibit. The press can help to keep the subject before the reading public, but ater all is said, only the work done with each mother will help each baby.

ARTIFICIAL FEEDING.

I shall give this phase of the subject very little consideration in this paper, because the real solution of infant mortality consists in the elimination of artificial feeding and not in the perfecting and elaboration of systems of milk modifications and formulae to the nth degree of mathemati-

cal precision.

Our own experience bears out that of Krieger and Seutman, of Berlin, Schwartz of New York, and the New York Milk Committee, that only a very few mothers cannot nurse their babies after receiving the proper care and advice. In these cases simple dilution of whole milk, modified at home under the direction of a nurse, is all that is necessary. Occasionally you may need more intricate methods. Then the milk may be prepared each day by a nurse or, if desired, the infant can for a short period be placed in an institution. Of course, the milk used should be from tuberculin-tested cows, properly handled, of low bacterial count, or else pasteurized. Even the poor will pay the necessary price to get the right kind of milk. We all know that the general milk supply of the entire State is of a very poor grade, and furthermore, that it is to-day impossible for the health authorities to bring the entire milk supply up to a proper standard. I would recommend, therefore, that they concentrate their attention upon a few dairies of good quality, in the hands of intelligent, willing dairymen, and in this way bring into the city a sufficient amount of good milk for our babies. In this way milk equal, for practical purposes, to certified milk could be obtained by the poor. The home modification of milk, of course, has a great educational value, and the mother learns lessons of cleanliness, orderliness, and accuracy in the handling of the milk that are of immense value in the later feeding of the baby, and that she would be less likely to get in any other way. I also know from actual experience that many mothers have continued nursing merely because they do not want to be bothered by preparing the baby's milk, while if they could have obtained it from a milk depot the baby would have been weaned. This method also keeps the nurse in touch with the mother, the baby and the whole environment of the baby, and permits her to influence the standards of the family as well as the care of the baby.

THE PHYSICAL ENVIRONMENT OF THE CHILD It is not necessary to prove beore a body of physicians the deleterious affect of poor ventilation, insufficient air space, in adequate sun and light on the health and life of infants. Recent German reports have shown very convincingly that poor housing, congestion, over-crowding, have a

marked affect upon the increased mortality noticed in the late winter months from pneumonia, and in the summer months from diarrheal diseases. They have pointed out that the deaths during the summer cannot be ascribed primarily to contaminated milk, but rather to heat stasis, resulting from insufficient heat radiation in the presence of high temperature and humidity. This is found most commonly among artificially fed babies; first, because they are often suffering from slight intestinal disturbances before the onset of the summer and are apt to be in poorer physical condition than the breast-fed babies; second, because the milk supply of the breastfed baby automatically adjusts itself to the needs of the baby, and in hot weather the breast-fed baby lessens its intake of energy, while the artificially-fed baby is usually compelled to take the same amount of heatproducing food, irrespective of the weather.

So, in the State of New Jersey, we must co-operate with our own very efficient tenement house commission and the better housing associations to insure air, light, sun and ventilation to our babies, if we would do our share to prevent diarrhea in the summer and deaths from bronchitis and pneumonia in the late winter. In the summer it becomes necessary to take babies out of the rooms of the tenement into the park, cool alleys, or out on the water. From this point of view, small parks ought to be in the heart of every congested neighborhood; perhaps they would look less pretentious than our large parks at the outskirts of the large cities, but they would save babies' lives. Until we get these neighborhood breathing spaces, we can accomplish something by using tents in the vards of settlement houses, school yards, or in other available spaces. Here, too, babies could be visited by nurses, treated if necessary and advice given. In Chicago in one summer 13,000 babies were looked after in this way. A part of the work of nurses visiting the mothers of babies should be to report all unsanitary and bad housing conditions, so that through the proper authorities they might be corrected.

I shall now try to touch upon some other phases of our problem, that are, perhaps, not ordinarily thought of in connection with the infant mortality problem. Anyone seriously assuming the duty of preventing infant morbidity and mortality takes upon himself the welfare of the whole family, for on nothing less does the health and life of the baby depend. If the husband is

out of work six months, how shall the mother obtain sufficient food to nourish her baby? If the husband is out of work shall the mother be permitted to work in a factory, wean the baby and leave it with its ten-year-old sister? Or, if the mother is unmarried, shall we add to the baby's social and moral handicaps the additional physical disabilities that we know will come when the mother is permitted, or even advised (as I know is too often the case), to put the baby on the bottle, even while still in the hospital, so that she can later go to work and place her baby in a baby farm or in an infant asylum? The infant mortality problem is bound up with these social, moral and economic problems, and only as we succeed in solving these problems shall we reduce to the last degree the unnecessary loss of infant health and life.

The negroes as a race perfectly illustrate this idea. The infant mortality rate is exceedingly high among negroes, no matter where they are and no matter what the rate of the city is in which they live. Indeed, the infant mortality rate of a city is determined by the proportion of negroes in it. This being true whether the city be in the south, or the north, or the west; whether it be a city of high sanitary standards or low, it can only result from conditions that are peculiar to the race, or to its women, and not from conditions affecting all alike, such as milk and water supplies, general sanitation, condition of streets, etc. The infant mortality rate amongst the negroes in Cincinnati in 1900 was 246, while that of the entire city was 174. In Newark the mortality rate amongst the negroes was 374, while that of the entire city was 160. In Kansas City the mortality rate amongst the negroes was 312, while that of the entire city was 186. facts are that the economic standards, the social standards, and the moral standards of the negro women are exceedingly low, and the babies pay the price. Marriage and child-bearing does not affect her status.

So, again, in the fight against infant mortality, we must align ourselves with all forces working for the betterment of the whole people, for the common welfare. We cannot permit ourselves to be deterred by the various political labels that various groups of people place upon themselves. If we are logical in our understanding of the causes of infant mortality, and courageous in our desire to eliminate them, we must openly associate ourselves with all who are

working for the same purposes. For immediate results the active assistance of the charity associations is required, in order to carry out our principle that nothing must interfere with the maternal nursing. Sometimes a quart of milk to the mother, employment for the father, the moving into better quarters, will keep the baby on the breast and save its life.

THE BOARDING OUT OF BABIES.

Many years ago, when it was discovered that unmarried mothers intentionally or accidentally killed their babies, institutions were established where such infants could be placed. These infant asylums undoubt. edly prevented infanticide, but figures prove that they do not prevent infant deaths. Jacobi, in 1888, was asked to resign from an infant asylum because he informed the board of lady directors that it was not a fit place for babies, that if they remained there the entire year, the mortality was 100%. One foundling asylum in New York reports a mortality of 52%. In Newark, in 1910, 46% of all deaths of infants under one year, in a large ward, occurred in one house, a baby farm. In an infant asylum, beautifully situated in a suburb of a large city of New Jersey, the mortality for ten years was 68% of all admissions under one year of age, according to the figures furnished to me by the health officer of that town. So I think we are justified in saying that if we desire to prevent infant mortality we must eliminate the infant asylum. Furthermore, my experience shows that a great many of the babies now placed in infant asylums or in baby farms could be cared for by their mothers if these institutions did not exist. number of babies boarded out can and should be reduced. This can be accomplished sometimes by impressing upon a mother, or both parents, the injustice and danger to the baby; sometimes by solving the peculiar social difficulty that suggests this easy but unjust and unwise way out. Those in charge of hospitals have no right to accept nursing mothers for surgical conditions without accepting at the same time the baby, even though it be healthy. The largest number of boarded-out babies come from unmarried mothers. I believe that this group should never be put into infant asylums and never boarded out. There is here a double problem—that of reclaiming the girl and safeguarding the baby. This can be done best and only by having the mother nurse and care for the baby. For this purpose we need a home for destitute

mothers, where dependent mothers could be cared for, physicially and morally rehabilitated. This home could also be used as a home for wet nurses, so helping to save many babies lives outside and inside of the institution. In lieu of this home these dependent monthers should be placed with their babies out at service in the country.

For the group of babies that for various reasons must be boarded out, nothing works so well as well-supervised boarding homes in private families, preferably near or within reach of an infant consultation station. Besides requiring that the caretaker be of the right kind and the home of the right standards, I would insist that not more than one infant be placed in any one home; the home must be visited at least once a month by the nurse and the baby must be brought to a station to be weighed and watched. In this way we succeed in giving each baby a true foster mother, almost succeeding in securing for it the same care it would get from its own mother.

SPECIAL DISEASES.

Of the 8,363 deaths under one year in New Jersey in 1910, 574 were from contagious diseases; 1,245 from pulmonary diseases; 2,753 from gastro-intestinal diseases, and 3,311 from congential debility, malformations and other diseases of early infancy. From these figures you can see my reason for speaking of the infant mortality problem as if it were everything but a medical problem. In a large sense this is true, but much can be accomplished by increasing facilities for preventing and curing diseases from a medical standpoint. Of the contagious diseases, whooping - cough measles are the most important in numbers, complications and numbers of deaths. All, physicians included, are too indifferent to these conditions; because we cannot terminate the course of whooping-cough is no reason for not shortening the spasms and course of the disease. We can save the nutrition and perhaps prevent a hemorrhage. Because measles does not kill outright is no reason for leaving the treatment to the mother and then looking upon the complications as unavoidable. I would urge the establishment of clinics in the poor districts for the treatment of whoopingcough, just because many physicians and most mothers say nothing can be done for it. Furthermore, provisions ought to be made in the county hospitals for severe cases of measles, especially those with complications. This would prevent some

spread of infection, besides giving scientific care to those patients.

The gastro-intestinal diseases, especially summer diarrhea would, I believe, be entirely prevented if babies were brest-fed, as we have every reason to believe they can be if our program of education is carried out. In the treatment of these cases breast-milk ought to be supplied, and some attention given to the question of heat stasis. The group known as diseases of early infancy are largely due to prenatal factors, and will be prevented only when we remove their causes. I wish to emphasize again the large part syphilis plays in this group. I think every baby presenting any symptoms of difficulty in feeding, malformations, or irregular development should be examined for syphilis.

In discussing the solution for the infant mortality problem, we have been compelled to propose measures that are difficult of application, that require a considerable change in our attitude toward industry and the common welfare, that shift the problem from a medical to a social and economic basis. Instead of a simple measure like the supplying of certified milk, or the distribution of modified milk, we are confronted by conditions and methods as complex as life itself; but the proposed substitutes would merely be practising self-delusion, a palliative that might ease our conscience but not still the cry of the children. A complex problem requires an equally complex solution. Of course, each town, each small community could not elaborate and put into work the program I have outlined. but the great State of New Jersey can and should. With a division of child hygiene under the State Commissioners of Health each city could be informed of the causes and extent of the infant mortality problem in its midst, and measures for its solution could be presented. In this way many things could be done by the State for the various communities that cannot so well be done by small groups or cities, such as the control of the milk supply, educational propaganda, control of midwifery practice. supervision of boarded-out babies, birth registration, etc., but these are questions of detail that such a department could work out for itself. I should like only to propound this question: Since the State of New Jersey has a bureau to protect the health of hogs, with the facts here presented, is it not time we had a department to safeguard the health and lives of our babies?

Statement of Infant Mortality Rate of New Jersey and Cities for the Year 1912

	POPULATION	BIRTHS	TOTAL DEATHS			PROPORTION UNDER	Proportion under I Month to under One Year	INFANT MOR- TALITY RATE.	GENERAL DEATH RATE.
STATE OF NEWJERSEY		60,073	37,772	7,457	2836	19.	37.	124	
Names of Cities-		, ,	1.1.1	1' (4	•		
Asbury Park	12,400	209	160	30	14	18.73	46.66	143	12.90
Atlantic City	49,573	926	767	107	35	13.8	327	115	15.47
Bayonne	60,859	1856	850	242	84	29.64	34.71	135	13.97
Bloomfield	16,431	372	140	30	16	21.42	53,33	80	8.52
Bordentown'	4,321	100	73	15	8	20.5	53.3	150	16.89
Bridgeton2	14,443	234	189	35	10	18.8	28.5	149	13.09
Burlington ³	8,455	192	150	34	9	22.6	26.4	177	17.74 15.34
Camclen ⁴	99,208	1881	1519	335	132	22. 24.44	39.3		15.54
Dover Elizabeth	17,914 78,569	1824	1158	22 333	11 107	28.7	50 32,1	117 182	14.74
Englewood	10,725	210	134	27	6	20.1	22.2	128	12.49
Garfield6	12,261	365	138	59	22	42.7	3.89	161	11.26
Gloucester	10.025	200	125	27	6	21.6	22.2	135	12.47
Guttenberg	6.081	209	73	13	2	17.80	1537	62	12.
Hackensack	15.231	391	2/19	49	21	22.3	42.8	125	14.38
Harrison 7	15,168	321	211	63	16	25.11	25.39	165	13.91
Hoboken	72,266	1962	1140	167	61	15.52	34.46	85	15.78
West Hoboken	72.266 37,931 13,756	889	380	70	30	18.42	42.85	78	10:02
Irvington	13,756	341	151	24	15	15.89	62.50	70	10.98
Jersey City	281,811	5,277	4028	801	301	19.9	37.4	1'33	14.29
Kearny	20,682	411	270	39	14	18.67	28.46	Ш	13.05
Lambertville	4,513	97	70	11	6	<i>15.</i> 71	54.54	115	15.51
Long Branch	13,744	296	335	39	15	11.64	38.47	134	24.37
Millville 8	12,678	255	169	39	14	23.	35.9	152	13.33
Montclair	23,622	525	318	51	25	23.89	32.89	144 166	13.46 19.60
Morristown 9	12,651	234 10.611	248 5430	5H 1003	15 304	15.72 20.31	38.4 36.62	103	14.55
Newark New Brunswick's	373,141	641	505	117	304 #1	23.14	35.04	182	21.50
Nutleu"	23,490	114	68	20	8	29.41	40	175	10.32
Orange	31.042	907	563	/13	50	20.	44.20	124	18.14
East Orange	38049	582	317	33	19	10.41	57.5	56	8.33
West Orange	12,223	274	112	14	8	12,50	57.14	51	9.16
Passaic"	61,547		909	339	117	37.2	57.14 39.4	161	14.77
Paterson	131,228	2093 2763	1822	315	116	17.2	368	114	13.88
Perth Amboy 13	34,611	1,165	517	188	51	36.94	37.2	161	14.94
Phillipsburg44	14,123	235	189	48	19	25.3	395	204	13.38
Plainfielæ	21,383	517	298	61	21	20.6	34.4	117	13.94
Princeton	4,779	110	65	9	4	13.84	44.40	81	13.60
Rahway Red Bank	9,612	183	134	24	8	17.9	33.3	131	13.94
Red Bank	7,852	153	121	21	4	16.52	19.04	139	15.41
Roosevelt 15	5,786	188	92 83	49	13	53.25	26.51	260 56	15.90 10.67
Rutherford	7,776	123		19	4	16.2	42.1 57.1	129	17.51
Salem South Amban	7207	147	117	20	9	8.4 20.	35.	131	13.69
South Amboy Summit	7,307 7,762	152 173	139	12	8	8,5	66.6	69	17.91
Town of Union	22,630	421	207	33	8	15.94	3030	78.	9.15
Trenton	101,869	2740	1714	359	163	20.8	45.7	130	16.83
Vineland	5,558	124	'97	15	7	15.46	46.66	120	17.45
Westfield	6,882	149	73	15	ģ	20,5	Ga	100	10.61
West New York	16,106	495	192	40	12	20.08	30.	80	11.92
L		-							

Principal industries in the fifteen cities of New Jersey with the highest infant mortality rates:

- 1 Bordentown—Canning, shirts, worsted.
- 2 Bridgeton—Canning, glass bottles, shirts.
- 3 Burlington—Shoes, silk goods, hardware and castings, harness, carbon-paper.
- 4 Camden—Talking machines, shipbuilding, curtains, handkerchiefs, worsted, cigars, canned soup, etc., leather.
- 5 Elizabeth—Sewing machines, metal work.
- 6 Garfield—Woolen and worsted, parchment paper.

- 7 Harrison—Incandescent lamp, iron, steel, stone, elevators, pumps, roller bearings.
- 8 Millville—Druggists' sundries, cigars, glass bottles, wrappers.
- 9 Morristown—Suspenders (only seventy-five employed).
- 10 New Brurswick—Surgical dressings, cigars, rubber footwear (automobile tires, knit underwear and sweaters.
- 11 Nutley-Hats, paper (only 250).
- 12 Passaic Wool textiles, handkerchiefs, print, chemicals, rubber, leather, silk.

13 Perth Amboy—Cigars, smelting and refining, terracotta, vaseline, steel, copper, handkerchiefs, chemicals.

14 Phillipsburg—Air compressers and rock drills, Portland cement, pumps, silk, horse shoes, cannisters, chemicals.

15 Roosevelt — Fertilizers, copper, refining, steel, cigars.

Relative rank of 15 cities in New Jersey with highest infant mortality rates according to infant mortality rate, total population and general death rate:

			Gen'	1 Death
Cities	Infant	Mort.	Popul'n	Rate
Roosevelt		1	13	5
Philipsburg .		. 2	7	11
New Brunswi	ck	3	5	1
Elizabeth		4	2	. 9
Burlington		. 5	12	3
Nutley			13	15
Camden			1	6
Morristown .			9	2
Harrison		. 9	6	10
Garfield		10a	11	14
Passaic		10b	3	8
Perth Amboy			4	7
Millville			9	12
Bordentown		12	15	4
Bridgeton			7	13

In 13 of the 15 cities with the highest infant mortality rate manufacturing is the principal industry and what is of greater importance, women-employing industries hold a very prominent place in their industrial life; in some these special industries, like canning, manufacturing of woolens or silk, cigars, surgical supplies, chemicals, incandescent lamps, form the principal industry of the city.

It is a rather interesting commentary upon the value that is placed upon our mothers and babies that several of these cities when speaking of the special advantages they can offer for the investment of capital mention the fact that factories requiring women can advantageously locate with them, as there is a good supply of

female labor.

Our questionnaires brought out the fact that with a few exceptions practically no preventive child hygiene propaganda is carried on in the State to-day. Preventive infant welfare work is carried on by the Boards of Health of only two of the fifteen cities, Passaic employing two nurses and Perth Amboy one nurse. In Elizabeth a small grant is made each year to a private agency that conducts a milk station and carries on general educational propaganda.

This table—and a similar one can be prepared for every State in the Union—shows that there is no direct relationship between the infant mortality rate and the size of the city, the population, and the fac-

tors that determine the general death rate. Since the general death rate, where it is not disproportionately effected by the infant mortality, is largely determined by the factors included in sanitation, as milk and water supply, roads, streets, sewerage, garbage removal, housing, etc., this table suggests that those studying infant mortality must seek elsewhere for the real fundamental causes.

Medical Societies' Reports.

MONMOUTH COUNTY.

Brayton E. Failing, M. D. Reporter.

The semi-annual meeting of the society was held June 15th at DeLisle's Restaurant, Allaire. There was a good attendance of members and the following guests: Drs. F. D. Gray, president; Thomas N. Gray, secretary of the State Society, and Wm. H. Iszard, councilor of Fourth District. These guests gave interesting and helpful talks.

Dr. Frank D. Gray suggested that our society should hold more than two meetings a year and so stimulate a greater scientific interest. He stated that each member would be repaid for reading papers and showing cases. Dr. Thos. N. Gray backed up his chief's remarks by stating that frequent meetings mean more interest. The members will keep their dues paid and also that the more interest in the profession, the more interest is disseminated to the public and more altruism in public instruction with scientific truths will keep down the amount of printer's ink used in lay papers and magazines in circulating half truths and absolute errors.

Dr. Seymour Oppenheimer, of New York, read the paper of the evening prepared by himself and Dr. Mark Gottlieb, entitled "Pollonosis; a Consideration of its Treatment by Active Immunization." He demonstrated his methods by two cases—the spring and fall types. His paper was very interesting and instructive.

Dr. J. E. D. Silcox, of Keyport, was admitted to the society and the application of Dr. P. Colio, of Red Bank, was received.

A splendid dinner was served by the management.

Associated Physicians of Montelair and Vicinity Walter B. Mount, M. D., Secretary.

A regular meeting of The Associated Physicians of Montclair and Vicinity was held on the evening of April 26th, 1915, in the Montclair Club. Mr. Charles B. Towns, of New York City, addressed the members present on "Some of the Problems in the Treatment of Drugs and Alcoholic Addictions."

Mr. Towns commenced by reviewing the history of the use of his method from its inception and its growth. He spoke of conditions in China as he found them in regard to opium consumption. He said that the only thing that the towns' treatment does is to unpoison the patient, to eliminate the desire for the drug; but that it' does not prevent the patient from going back to the drug—that he

must look out for himself. If there is some underlying physicial disability or some underlying complication as a cause for the drug habit, treatment will not avail. The State should be compelled to provide proper definite medical help for the drug habitues, especially since the passage of the Harrison Law. present worthy patients may suffer unnecessarily, patients who need morphine on account of an underlying permanent physical disability such as carcinoma. For such patients it is permitted under the Harrison law to prescribe enough of the drug for a considerable period of time.

Doctors and druggists have been largely responsible for the drug habit. Therefore physicians should take uniform action through their State and interstate societies to help eliminate the drug habit.

The talk was discussed by Drs. White, Hubbard, Noble, Carman, Hanan and Whitehorne. Dr. Noble, from his many years of experience in China, corrected some of Mr. Town's statements about conditions in that country.

The usual supper and social hour was then enjoyed.

The annual meeting of The Associated Physicians of Montclair and Vicinity was held on the evening of May 24th, 1915, at the Montclair Club. Dr. Levi W. Halsey occupied the chair. The annual reports of the officers were read, and the following were elected for the season of 1915-1916.

President, Dr. Walter B. Mount of Montclair. Vice-President, Dr. Walter Post of Bloomfield.

Treasurer.

Dr. Wentworth Stanley Mac-Donald of Upper Montclair. Secretary, Dr. Geo. B. Verbeck of Caldwell.

Historian, Dr. Henry Wallace of Glen Ridge. The guests of the evening was Dr. John Rogers, of New York City, Professor of Clinical Surgery at Cornell University Medical College, who read an interesting paper on "The Active Principle of the Thyroid Gland and Its Use in Therapeutics."

A resume of this paper will be sent shortly. The paper itself will be published in one of

the other medical journals.

The paper was discussed by Drs. J. S. Brown, Areson, Hanan, Wallace, Mabey and Rogers. The usual supper was served.

Coming Medical Meetings.

American Public Health Association.

The forty-third annual meeting of the association will be held in Rochester, N. Y., September 6-10, 1915. In connection with the convention the fifteenth annual conference of the sanitary officers of New York State and a meeting of the State Sanitary Officers' Association will be held. One of the chief matters for discussion will be diseases in connection with the European war and methods of preventing the spread of these diseases in this country.

American Electro-Therapeutic Association.

The twenty-fifth annual meeting of this association will be held at Atlantic City, N. J., September 14, 15, and 16, 1915, with headquarters at the Hotel Chalfonte under the presidency of Dr. John W. Torbett of Marlin, Texas. All physicians interested in physiotherapy are invited to attend. The secretary of the association is Dr. J. Willard Travell, 27 East 11th street, New York City.

Clinical Congress of Surgeons.

The sixth annual session of this Congress will be held in Boston, Mass., October 25-29, 1915. Attendance at this session will be limited in number in order that those attending can be comfortably cared for and overcrowding prevented.

Those expecting to attend are, therefore, urged to send in their names at once with the fee to the office of the secretary-general, as set forth in the circular letter sent to members. The hotels recommended as most accessible to meeting place are: The Coply-Plaza (headquarters), The Lenox, Brunswick and Victoria.

American Association for Study and Prevention of Infant Mortality.

The sixth annual meeting of this association will be held in Philadelphia, November 10-12, 1915. The subjects to be discussed include: Eugenics; effect of economic standing of the family on infant mortality; infant welfare nursing in small cities, towns and rural districts; institutional mortality; midwifery conditions and treatment and prevention of respiratory diseases.

The meetings will be held at the Bellevue-Stratford Hotel, except the session on Economic Aspects of Infant Welfare which will be a joint one with the Philadelphia County Medical Society will be held at the College of Physicians. The evening meeting of November 11, will be the general session at the Bellevue-Stratford when the address by the president, Homer Folks, will be delivered, followed by an informal reception.

Futher information may be obtained by addressing the executive secretary, Gertrude B. Knipp, 1211 Cathedral street, Baltimore, Md.

Miscellaneous Items.

Newark City Sanatorium.

The rejuvenation of the city sanatorium at Verona seems to be promised. There are already evidences of better service since the sanatorium has been placed under new direction. The most important improvement appears to be in the diet. The milk formerly served there has been described as a low grade product. Now there is good milk. Apparently little attention formerly was paid to the individual needs of the patients in feeding them. It is easy to understand that one consumptive may need an abundance of eggs and plenty of milk. Another may be in such a condition that one egg and a little milk is all that he can assimilate. Probably he needs nutrition of other kinds. It is announced that the patients are going to be better fed and that there is a saving of forty-one quarts of milk and from twelve and one-half to fourteen dozen eggs a day.-Newark Evening News.

Research in Medical Missions.

It is not generally known that extensive use is made of our knowledge of tropical diseases by medical missions in various parts of the world. These missions accomplish some of the best research in these diseases, in addition to teaching and applying scientific medicine among people who would otherwise be debarred from its benefits. In China there are over five hundred men and women engaged in the conduct of hospitals and dispensaries. The China Medical Mission meets triennially for the exchange of opinions and to make announcements of the results of research, and a medical journal has been published for many years for the exchange of ideas in this field. A research committee has been formed and a large amount of valuable work has been done in the investigation of tropical diseases such as plague, cholera, typhus and other affections. To young men with the missionary spirit and scientific training no more attractive field of endeavor could be found than that of China, Africa or India.

The Limitations of Statistics.

A series of hundreds of operations, tabulated and arranged and nicely rounded off in terms of percentages, always seems to me to possess but very limited value, so limited, indeed, that it is strictly confined to one person -the surgeon who performed the operations; and even he can learn nothing from the contemplation of his tables when he has compiled them. The rich experience he will have gained cannot even be expressed in that way; much less can it be imparted to others, for it will consist actually in the sum of a multitude of observations of individual cases, all of them slightly varying one from another, but all of them obeying pathological laws which are fixed, and which never vary. After all, it is not the fact of performing a large number of operations that in itself constitutes real experience, unless in addition the surgeon who performs them possesses the qualities that are essential for a good clinical observer.—R. Hamilton Russell, British Mcdical Journal.

Pain.—Perhaps no better definition of pain has been given than the picturesque statement of Agnew, that "pain is the language of a suffering, nerve." In order to diagnosticate disease we must be able to read the language. At least ninety per cent. of all diseases begin with pain or give rise to it at some time in their course. At times the language is clear and unmistakable, but again it is merely the softest lispings audible only to the ear of the lover—of our art. The most dangerous warnings may be couched in the mildest terms, while stormy outbreaks may mean only the performance of a salutary act.—Dr. John B. Deaver.

Childish Foolery a Mark of Genius?

It is certainly one of the marks of genius that the plasticity and spontaneity of adolescence persists into maturity. Sometimes even its passions, reveries, and hoydenish freaks continue.—G. Stanley Hall.

I am glad to know it. I now understand why I often have such utterly childish moods. It isn't mere foolishness, but a mark of genius. Very well.—Critic and Guide.

New Conception of the Family Physician.

While I realize that it is the ultimate aim of public hygiene to make the physician in the sense of a pill peddler superfluous, I appreciate equally well that he will be all the more needed to practice medicine in the modern sense of the word. * * But where is the field of the general practitioner, I hear some ask. the family adviser as he has been in the past but on a more scientific basis—he is the family health adviser if not the family physician and his relation to each of "his families" is even more sacred than in the days of old. He is expected to keep the baby well, not merely to give it medicine when ill; he is called in to examine the children of school age from time to time and to give advice as to their work and play; he is asked to pass on the health of the youthful son and daughter and find out why this loss of weight or want of appetite, and he must keep track of father and mother to see that they do not work and worry so much that their health may be impaired or their lives shortened.—Guy L. Kiefer, Jour. Mich. State Med. Soc.

A doctor in Rockland, Maine, has the following printed on his bill forms:

You expect the doctor when you need him

To leave everything and come as quickly as he can, any time, day or night, to help you.

To do all he can for you, even to risk his

health and life if necessary.

The doctor expects you when he has served you 'To do your best to pay for his services as soon as you can, not putting his bill off until all else is paid, or until your money is spent, perhaps foolishly; or

is spent, perhaps foolishly; or To come and tell him if you really cannot

pay

The doctor cannot live on work, fresh air and hope, any longer than you can. So pay him promptly as you like to be paid when you have worked for someone.

Retail Druggists Endorse Patent Medicine Campaign.—At a meeting of the pharmacists of New York City, July 2, under the auspices of the Bronx County Pharmaceutical Association, resolutions were adopted endorsing the health department's campaign against fraudulent patent medicines. This change in the attitude of the pharmacists of the city is most gratifying to the department and it is hoped that the pharmacists will now do all in their power to uphold the department of health in its endeavor to discourage the sale of the many fraudulent cure-alls foisted on the public by unscrupulous manufacturers.

Vacations are great. Everybody believes in them and most employers give their employees a reasonable period of rest once a year without shortening the size of the pay envelope during that period. Even city employees are allowed the annual vacation with pay—that is, all city employees except the city physician. He must engage a substitute at his own expense. At least that is the way one prosperous city in Missouri "permits" its city physicion to enjoy a vacation of 14 days.—Missouri State Med. Ass'n Journal.

THE JOURNAL

Medical Society of New Jersey

SEPTEMBER, 1915.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor, New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the

fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter peraining to the business management of the Journal hould be addressed to

AUGUST A. STRASSER, M, D., Arlington, N. J.

PUBLICATION COMMITTEE:

AUGUST A. STRASSER, Chairman, Arlington WM. J. CHANDLER, M. D., South orange EDWARD J. ILL. M. D., Newark DAVID C. ENGLISH, New Brunswick THOMAS N. GRAY, East Orange

PUBLICATION COMMITTEE.

We call special attention to the changes

in our Publication Committee.

The seeming impropriety of having the President of the Society act as the chairman of a standing committee when, according to custom and our rules, he is an exofficio member of all such committees, led Dr. Wm. J. Chandler to resign the chairmanship of the Publication Committee. Such an event calls for an expression of regret that the committee felt called upon to accept his resignation. Dr. Chandler has during the past twelve years given freely time and service to this work without adequate compensation, which we feel sure that the members of the Society, as well as the committee, deeply appreciate.

The committee has been very fortunate in persuading Dr. August A. Strasser, of Arlington, to accept the chairmanship. His valuable and faithful services to the Society in the past; his scientific knowledge and literary and executive ability fully qualify him for the position, while the growing vigor of a comparatively young manhood will enable him to discharge the duties and bear the burdens of the chairmanship of this important committee, with credit to himself and to the satisfaction of the Society.

Dr. Strasser, on his election, resigned as secretary of the committee and Dr. English was elected to fill that vacancy.

OUR ADVERTISERS.

The Publication Committee points with pride to the achievement in this issue of a step that it sincerely hopes will meet with the approval of the members of the State Society and those advertisers whom the committee have sought to retain on its advertising pages. This action has been fraught with a material loss but we have replaced the losses by inserting new and less objectionable matter so that now no nostrums or unethical wares can buy advertising space in this Journal; and that is more important to our members than computing the possible financial losses. It means a moral uplift. This action stands for honesty and truth, as the notice on our front cover page points out.

We invite you to carefully examine our advertising pages now and in the future. First to assure yourself that you will find them as carefully edited as the reading pages, and secondly, to fix in your thoughts the names and items advertised, always mindful of the fact that these are the firms who by their support are paying the bills of this publication; and when in need of their wares please do not forget this fact. And even when not actually buying, help your Journal by encouraging the advertisers by telling them that you saw their notices

in the Journal.

Start now! Read the advertisements in this issue!

THE COMMITTEE ON PUBLICATION.

COMMITTEE ON PUBLICITY.

The Committee on Publicity of the New Jersey State Medical Society after conference feels that a statement of their conception of the character and scope of the work of the committee might be of interest

to the readers of the Journal.

A few of the lines that have suggested themselves to your committee as offering fertile fields of usefulness are questions relating to medical legislation, hygiene, sanitation, medical economics, the abuse of medical charities, the better care and housing of the insane and feeble-minded wards of the State, the work of the State and local Boards of Health, the work of the Mosquito Commissions, medical inspection of schools and compulsory vaccination.

The channels through which medical activities manifest themselves are so numerous, the questions involved frequently so complicated that they lead to confusion; the public, misled as to the motives of the

profession oppose through the legislature the very things for which the profession is striving, not for their own but the pub-

lic's good.

We also feel that our work can be greatly strengthened by the appointment of a local publicity committee by each of the county societies, to work in conjunction with and under the supervision of the State Publicity Committee.

If your committee through an educational campaign in the press can bring the public to a better appreciation of the unselfish character of the motives animating the profession at all times, in dealing with questions as outlined above, we feel that the purpose aimed at in the appointment of this committee will have been accomplished.

THE PUBLICITY COMMITTEE.

VACATION'S OUTCOME.

We congratulate those physicians who have been able to take and enjoy a vacation recently. We hope their seasons of rest have brought them a renewal and increase of physical strength and mental vigor that shall prove a fitting preparation for better work and more successful results for their own, their patients, their medical societies and their communities good. We remind them and all our readers, as they enter upon the fall and winter's work, that the present year-ending at our next annual meeting-should be a memorable one, marked by unity of desire and purpose to make it one of the best, most thorough, practical and successful years that the individual practitioner and the united profession have ever experienced.

The 150th anniversary of our State Society, to be celebrated next June, calls upon us, every one, to bend all our energies toward the one aim and purpose to come up to that anniversary as a thoroughly united, organized profession, determined to make our future record even more brilliant in its altruistic service of humanity than the past has been. To that end, the greatest need, we believe, is the quickening and intensifying of the life and activities of our County Medical Societies. Last year they did better work than ever, but there is room for much improvement yet in most of them. We shall refer to the work of these societies more fully next month. We give special emphasis now, however, to the importance of a very earnest effort to get every legalized and worthy doctor in the county into his county's medical society.

We say every legalized and worthy doctor, for we realize that there are some we do not need or want—the abortionist, the so-called Christian Scientist, the drugless healer, et hoc genus omne. There are others whom we can well afford to have remain outside—the men who are unduly commercialistic and men of inordinate, degrading appetites. Such men have no place in the ranks of the medical profession. They don't seem to know the meaning of the word Altruism—the word that characterizes so largely the activities of our profession; they misrepresent the profession; their spirit of selfishness and greed is antagonistic to the altruistic spirit and they seem to be incapable of learning and of practicing the truism that "It is more blessed to give than to receive."

MEDICAL EDUCATION.

We call the attention of prospective medical students to the importance of having accurate knowledge of the increased requirements concerning preliminary education and of the standing of the medical

college they enter.

The August 21st issue of the A. M. A. Journal is the annual Educational Number in which is presented valuable data concerning Medical Education in the United States. The entire statement is worthy of careful study; we can at present only briefly refer to a few points. The classification of medical colleges revised to August 1, 1915, shows there are 66 medical colleges in Class A—acceptable medical colleges; 17 in Class B-colleges needing general improvements to be made acceptable and 12 in Class C—colleges requiring a complete reorganization to make them acceptable. The names of the colleges will be found on pages 703-4. Thirty-four State licensing boards, including New Iersey, do not recognize the colleges rated in Class C, while the New Hampshire, Rhode Island and Virginia boards recognize only the colleges in Class A. Twenty-eight States have adopted requirements of preliminary education in addition to a fouryear high school education. New Jersey, one year in a college of liberal arts in 1916-17 and thereafter 2 years. boards of New Jersey and Pennsylvania now require that every candidate for license shall have had one year service as an intern in an approved hospital.

In connection with the above we note the following significant facts:

We have at present a total of 95 medical colleges as against 162 in 1906, showing a reduction of 41 per cent. The total number of medical students in 1904 was 28,-142, the highest recorded; in 1915, the number was 14,891, a decrease of 47.1 per cent. Three hundred and fifty-three were from New Jersey in 1915. The total number of graduates in 1915 was 3,536, or 38.8 per cent. less than in 1904.

CANCER IN THE FAMILY.

Perhaps nothing causes more needless worry than the fact that one or more persons in a given family have died from can-This is commonly taken as proof that the disease is hereditary. This does not at all follow. There is probably no greater chance of inheriting cancer than there is of being killed by lightning or of breaking one's neck falling down stairs. Perhaps there are people who worry even about those contingencies but the statisticians have shown that such fatal accidents are extremely rare. People who are concerned because their relatives have succumbed to cancer fail to consider how widespread the disease is. A malady that causes one death out of every eight among women and one out of every fourteen among men over forty is fairly common. On this basias it does not take much arithmetic to figure out how likely it is that cancer will occur many times in some families. The eminent statisticians, King and Newsholme, have pointed out that it does not prove heredity to show that in one family, five deaths occurred from cancer. By the very frequency of the disease, and the laws of chance, such cases would be expected even if no one had ever suggested the idea of heredity. It can be mathematically demonstrated that if a sufficient number of people start to toss coins it is a certainty that at least one of them will toss 1,000 consecutive "heads." So with cancer; given a sufficient number of families it is certain that many members of some few families will die of this disease. Therefore it is not necessary to assume that the disease is inherited to account for its frequency. Sometimes this fallacy crops out when certain notable cases, such as that of the Bonaparte family, are cited. It should be remembered that the rarity of such cases of apparent heredity tends to prove the very opposite. Such cases are so noticeable that they are remembered. If the cancer tendency should disappear in such a family no further attention would be paid to the supposed danger. If such family histories resulted from actually inheriting the disease, rather than from chance, they would be far more commonly reported. It is possible that certain forms of malignant disease may, under rare conditions, be transmitted to the child. Cancer is a very large word, covering a number of widely different diseases. It may be, also, that under highly artificial conditions of inbreeding mice a certain susceptibility to tumors may be inherited. Nevertheless, as applied to human beings and in the practical view, the foremost authorities believe that heredity in cancer may be regarded as negligible factor.

A. M. A. Jour.

It was the editor's great pleasure to visit recently, with Dr. T. N. Gray and the Secretary of the Newark Board of Health, the Tuberculosis Sanatorium at Verona, Essex County, and to see and admire its beautiful location, and especially to note the remarkable improvement that has taken place there since Dr. Gray took charge, as Chief of the Bureau of Tuberculosis, of the Newark health board, not only in the condition of the grounds surrounding the buildings, but especially in the equipment of the buildings and the rules adopted for the scientific and practical management of the work.

The Newark Board of Health is doing no better work—work that gives promise of more beneficent results—than that committed to Dr. T. N. Gray at Verona, and Dr. Julius Levy in Newark.

We received on August 2, the following from one of our ablest and most esteemed members:

"I have read your two leading editorials in the current issue and I approve of both. You have stated the facts clearly and honestly and no exception can be taken."

Another who has occupied high position in our Society, and in the service of the State, has written the Editor in more lengthy comment on these editorials and even stronger expressions of approval.

We shall always be glad to have an expression either pro or con on editorials or other matter that appears in our Journal. We certainly are not seeking flattery or even commendation and we shall always take—and be thankful for—kindly criticism; because we do earnestly desire the Journal's best interests, as we seek to have it take the right position on all matters affecting the profession and the welfare of the State and its citizens.

LATE ITEMS OF NEWS.

MIKELS-MARX.—At the home of Dr. Britton D. Evans, Greystone Park, N. J., August 29, 1915, Dr. Frank M. Mikels to Miss Della Marx, of Detroit, Mich.

(Dr. Mikels has been an assistant physician in the State Hospital at Morris Plains for the past four years and is now doing special work in establishing a department of diversional occupation. Our congratulations on this latest diversion.—Editor.)

Hospital Dedicated.

The new Chandler Hospital at the Vineland Training School, erected at a cost of \$25,000, the gift of D. Harry Chandler, Esq., was dedicated August 26th.

Dr. Bert Daly, Bayonne, has been chosen a member of the Hudson County Grand Jury for the September term.

Dr. Theron Y. Sutphen, Newark, and daughter have returned from their two months' so-journ in the Maine woods.

FELLOW MEMBERS, ATTENTION!

Let us remember that the

MEDICAL SOCIETY OF NEW JERSEY

Will celebrate its

150th ANNIVERSARY, JUNE 20-23, 1916

Let the intervening time be the best we have ever given to our own professional work and our attendance upon and more thorough organization, fraternization and upbuilding of our respective County Medical Societies.

Let us strive to have a membership of 2,000 next June.

Committee of Arrangements.

Aid for the Belgian Medical Profession.

Dr. F. F. Simpson, treasurer of the Committee of American Physicians for the Relief of the profession in Belgium, reports up to Aug. 14, 1915, the receipts of \$7,814.84 and disbursments \$7,310.04, leaving a balance on hand of \$504.80.

Any New Jersey physicians who have not subscribed and wish to do so, may send their gifts to Dr. Simpson, 7048 Jenkins Arcade Building, Pittsburgh, Pa.

Editorials from the Lav Press.

Practical Anti-Tuberculosis Work.

From the Newark Evening News.

Because of the activity of the tuberculosis committee of the Board of Health the city, as it is befitting that it should do, is assuming a leading and prominent part in the crusade against phthisis. There are other agencies which are doing and have been doing a big and fine work. It is appropriate, however, that Newark be foremost in this as in other movements for the betterment of the public welfare. Steps toward the systematizing and making more efficient the anti-tuberculosis

work were taken at a recent meeting of the tuberculosis committee. These consisted in districting the city, increasing the number of nurses, providing that all sufferers from this diseases must be treated at the tuberculosis clinic instead of at the medical clinic, as has sometimes been the case, and making new regulations to be put in force at the Verona sanatorium.

A specific for tuberculosis has been the vision of medical researchers for many years, but so far efforts to find one have been marked mostly by spectacular failures. The present method of combating the disease, consisting in wholesome living, fresh air, nutritious food and precaution against contagion, is the best we know now. The follow-up work of nurses is perhaps the most important, in bringing practical results, of all. Once apparently on the road to recovery, a sufferer from this disease is quite likely to slip back through carelessness and a reversion to the old method of living. It is in preventing this, and in guarding against the communication of the disease to other members of the patient's household, that the visiting nurse is valuable. It is in guiding this work that the tuberculosis committee is conspicuously justifying its existence.

Praetical Men Needed.

From the State Gazette, Trenton.

Recently, Former Senator Joseph S. Frelinghuysen, president of the State Board of Agriculture, addressed a gathering of farmers at Alcyon Park, Camden County. In the course of his remarks he said: "Never before in our history have we so much needed good, sensible, practical men in our legislative halls."

Quite right. But there is little prospect of an immediate improvement upon the mental calibre of the men who each year manage to get into the legislative body with the approval of the people.

It is a regretable fact that too many men go to the legislature with special axes to grind. They represent either some organization that wants something, one or more corporations that want something, individuals that want something or groups of politicians that want something. In their anxiety to serve the forces to which they are under obligations for their nomination and, sometimes, their election, they lose sight of their duty to the people as a whose.

And this is why at each legislative session there is so much pulling and hauling, lobbying and intriguing, which results in a great waste of time and the lumbering up of the statute books with a lot of laws that are not needed by the people, in which the people take little or no interest, and of which they know nothing.

Out of this personal and political squabbling has sprung a system of government that has rolled upon the shoulders of the people a great tax burden. It is responsible for the income tax, double taxation of corporations by the Federal and State governments, a bank stock tax, an inheritance tax and in the present time of peace, a war stamp tax, all of which, we are told, are necessary to provide money with which to meet the cost of running the governments. * * *

We surely need good, sensible and practical men in the legislature and also in Congress.

THE WHITE PLAGUE.

From the Jersey Journal, Jersey City. The laying of the corner stone of the new tuberculosis sanatorium at Laurel Hill marks the beginning of an era in Hudson County's fight against consumption and its ravages, but this county is still a long way from performing its full duty toward humanity and its citizens. Not until provision is made for the care and cure of the young who are afflicted with tuberculosis in its incipient stage will the work be really effective.

Dr. Gordon K. Dickinson, who has not only striven here at home to lessen the ravages of a disease which claims more victims than the European war, but has studied abroad that he might better serve humanity, has pointed out that the only effective way to fight tu-berculosis is to heal children afflicted with the malady. Consumption is essentially a disease of childhood and its effects in persons of mature growth are usually the manifestations of early neglect.

With this knowledge it is little short of criminal that Hudson County has not provided for the care of minors who are victims of the disease. A preventorium is better than an infirmary. It is better to save lives than to make the last moments of the dying easy.

The late Robert Davis started a great work when, following the death of a favorite son from tuberculosis, he caused the Freeholders to build a sanatorium for the tubercular at Laurel Hill. The present Board of Freeholders is doing a noble work in enlarging the facilities of that institution, but as Dr. Dickinson has pointed out, all this is of no effect in stamping out the disease and building for future generations.

When the preventorium demanded by Dr. Dickinson and his colleagues in the Board of Trustees of the Tuberculosis Sanatorium is built, then will Hudson County have begun to discharge its full obligation in the matter of

stamping out the White Plauge.

Hospitals.

All Souls' Hospital, Morristown.

There will be a public campaign from October 13 to 30th, to raise \$100,000 for the All Souls' Hospital.

Morristown Memorial Hospital.

The twenty-second annual report of this hospital-for the year 1914-has recently been issued. It shows that the number of patients treated was 1,716, an increase of 13 per cent. over 1913, and the number of patient days was 17,289, an increase of 9 per cent., while the expenses were a little more than \$250 over 1913. The cost per patient day fell from \$2.01 to \$1.82, without in any way reducing the food or comfort of the patients. Three hundred and thirty-six operations were performed.

The campaign for the enlargement of the building and the increase of the endowment fund yielded \$105,000 of which \$30,000 was added to the endowment fund. The two extensions to the building are nearing completion which will give needed room for nurses and provide a maternity ward. The nurses'

training school gives a two and one-half years'

The medical board includes Drs. Haven, Mills, Douglas, Lathrope, Griswold, Flagge, Lewis, Henriques and Mial. Dr. Jennie A. Deane is pathologist and anesthetist, and Dr. Elvira D. Dean is roentgenologist.

New Jersey Orthopedic Hospital Orange.

With facilities only for sixteen patients, this hospital is confronted with a list of sixtyfive patients waiting to be admitted to the institution. The hospital is supported by voluntary contributions, but a statement just issued declares its work has increased beyond its income, making a need for additional revenue.

Overbrook Hospital, Essex County.

Need of the speedy completion of additions to Overbrook Hospital was shown in the census report made by Dr. Guy Payne, medical direction, to the hospital committee of the Board of Freeholders. July 31 there were 1,704 patients under treatment at the hospital, the largest number in the history of the institution and nearly 100 more than in July of last year. The erection of a new wing for female inmates has been under consideration for a year and plans are now being drawn for

Trenton's Municipal Colony.

This Colony, conceived by Mayor Donnelly, is to have a series of buildings to care for the aged, those afflicted with tuberculosis and for children suffering from contagious diseases. It will embrace a Home for Aged and Infirm; Tuberculosis Hospital; Children's Hospital, and Nurses' Home. Dr. G. N. J. Sommer is chairman of the medical advisory board with Drs. Kuhl, Moore, Craythorne, Cornell, McGuire, Reddan, Cotton, Fell and Taylor as members.

Bamberger Seashore Home, Atlantic City.

This home for the care of invalid Hebrew children was opened on August 1st, with about 100 children patients. The founder, Max Bamberger, provided in his will that \$400,000 should be used to erect and maintain at Atlantic City this home for the accommodation and medical treatment of invalid Jewish women and children.

That hospitals of Pittsburgh, and, in fact, all parts of the country are having difficulty obtaining sufficient internes, was learned in a canvass of the city's hospitals. Several hospitals have their lists still unfilled and all of them have had difficulty. The reason for this situation is said to be a decrease in the number of graduates from the State's medical schools.

I wish I had time to tell you of all our hospitals and dispensaries, some of them in far away lands, and some of them here in America -and of the splendid work that is being done every day by our doctors and nurses in hospitals in their own homes and in the homes of the people whom they care for. The only trouble is, they can't do all that there is to be done. The hard part for each of our doctors and nurses isn't the difficult traveling, the working early and late, the loneliness and lack of comforts; it isn't any of these things, but it is the not being able to be a hundred doctors and nurses instead of just one!—The Missionary Magazine.

Maternity Hospitals for Cuba.—A law providing \$400,000 for the erection of six maternity hospitals, one in each province of the island, has recently been signed by the president of Cuba. Of this sum, \$100,000 is allotted for the hospital in the province of Havana, and \$60,000 each for the hospitals in the other provinces. The money is to be appropriated from the sum accruing to the state from unclaimed lottery prizes.

The Mental Hospital of the Future.—In the hospital for the insane of the future there will be no locks and bars or secured doors and windows. For these means of restraint there will have been substituted plain, human, socialized intelligence. Wards will be on the ground floor. Physicians and nurses will be, not only technically trained in a distinct and recognized profession, but they will have received in addition a knowledge of practical psychology and sociology. The social problems involved in the insane and in their care and treatment, will be given as careful consideration as the medical problems.—Institution Quarterly (III.)

Therapeutic Notes.

Appendicitis-Verminous.

Hager (Jour. de Med. et de Chir.) recommends the use of the following emulsion in the treatment of appendicular colic in patients known to harbour intestinal worm:.

R Thymol, 2 gm.
Olive oil, 4 gm.
Gum arabic, 2 gm.
Distilled water, 60 gm.

This is to be administered in three doses of one tablespoonful each at hourly intervals in the morning on a fasting stomach. In the evening a brisk purge is given. The treatment is continued for three days.

Ascites.

Dr. Litard is credited with the following formula:

)R Tincture of digitalis, 5 grams.
Tincture of adonis vernalis, 10 grams.
Tincture of jaborandi, 15 grams.

M. et Sig.: Twenty-five drops three times a day.

Conjunctivitis—Catarrhal.

Dr. P. Prelat, in Bulletin General de Therapeutique, recommends the following collyrium:

Ammonium chloride, 0.07 gram. Zinc sulphate, 0.15 gram.

Camphor,

Saffron, aa 0.01 gram.

Boiled distilled water, 15 grams.

This solution is known as the "yellow eye wash." It sometimes causes a painful reaction in which case the amounts of ammonium chloride and of zinc sulphate should be reduced.

Intestinal Indigestion.

The following is said to be efficient:

R Calcined magnesia. Cream of tartar,

Flowers of sulphur, aa 30 grams.

M. et Sig.: One teaspoonful every morning on a fasting stomach.

Peritonitis—Tuberculous.

Dr. Bonnamour, in Journal de Medicine, et de Chirurgie, recommends the following ointment.

Petrolatum, 30 grams.

Urticaria.—Hypodermic or intramuscular injections of 8 minims of 1:1000 adrenalin solution have dissipated urticarial wheals and stopped the itching in less than half an hour.

A Valuable Carminative.—Oil of cajuput is one of the least used, and yet one of the most efficient carminatives.—Med. World.

Brittle and cracking nails sometimes may be an indication of a minor thyroid insufficiency.

Uterine Fibroids.—Mammary extract 5 or 10 grains, t. i. d., for two or three months.

Amenorrhea in girls sometimes responds well to total pituitary substance, one or two grains three times a day.

In Bright's disease first correct alimentary putrefaction. Secretin then aids in reestablishing pancreatic secretory activity.

Chronic Rheumatism.—Certain forms of rheumatism are benefited by 1½ to 3 grains of thyroid extract daily in divided doses. The therapeutic test shows which cases respond.—American Medicine.

Camphor Treatment of Wounds. — Koch. (Therapeutische Monatschefte, Mar., 1915), reports on the use of camphorated wine in the treatment of wounds. He states that the skin retains its natural color, the granulations become exuberant, while there is rapid healing with relief from pain. He gives the following formula: Camphor 1 part, alcohol 1 part, mucilage of acacia 3 parts and white wine 45 parts.

Colloidal Iodine and Serum Treatment in Tetanus.—Auregan, (London Lancet, February 27, 1915), reports treatment of twenty-three cases of tetanus. In addition to serum treatment he used local applications of a 20 per cent. of an oily suspension of colloidal iodine, together with intra-muscular injections of the iodine. Of those thus treated 68.8 per cent. recovered.

Sulphur in the Treatment of Typhoid Fever.
—Goubeau reports that he has treated a series of thirty-one cases of typhoid fever with this element without a single fatality. Following the initial purgation by means of calomel there are given by mouth five or six times daily

cachets or powders each containing one gram of flowers of sulphur. During the first fifteen days of convalescence the drug is given in gradually diminishing doses. The effect of this method of treatment is to lower the temperature and to diminish the intensity of all the other symptoms.—Bulletin General de Therapeutique.

Personal Notes.

Dr. George C. Albee, Newark, and wife recently returned home from a Western trip. Dr. Archer C. Bush, Verona, spent a few weeks in Boston during the summer.

Dr. Aldo B. Coultas, Madison, has recovered

from an attack of blood poisoning.

Dr. Levi B. Hirst, Camden, and family spent the month of August at Ocean City.

Dr. William W. Jones, Camden, and wife

spent a few days at Lake Hopatcong.

Dr. Clifford R. Neare, East Orange, and

wife spent two weeks in August at Long Lake, Maine.
Dr. J. Mitchell Reese, Phillipsburg, returned

last month from Moosehead Lake, Maine.
Dr. Martin J. Synnott, Montclair, spent the month of August at the Harvard Medical

Dr. Henry Wallace, Glen Ridge, and family spent a few weeks in Canada and the White Mountains.

Dr. Edward P. Whelan, Nutley, motored to North Branch, N. Y., and spent a week there in August.

Dr. Edward Guion, Atlantic City, after many years of efficient and faithful service has resigned as health officer of that city.

Dr. W. Homer Axford, Bayonne, and wife spent a few days last month at Green Pond. Dr. Enos E. B. Beatty, Newton, and wife

Dr. Enos E. B. Beatty, Newton, and wife spent a few days in August at Lower Valley.

Dr. Alfred M. Elwell, Camden, and wife have returned from their stay in Ocean City.

Dr. Bela G. Illes, New Brunswick, who recently returned from a stay in Maine, spent a few days in Vineland.

Dr. Albert N. Jacob, Sparta, has been appointed medical inspector of the Sparta Township schools.

Dr. George L. Johnson, Morristown, is a candidate for the nomination of Freeholder from the Third Ward of that city.

Dr. Charles J. Larkey, Bayonne, and wife have returned from a ten days' vacation spent at Tannersville, N. Y.

Dr. Clinton D. Mendenhall, Bordentown, and wife spent ten days in Atlantic City last month.

Dr. William E. Ramsay, Perth Amboy, has been appointed a member of the committee on organization of a Business and Professional Men's Club of that city.

Dr. John W. Wade, Millville, is seriously ill at his home.

Dr. Edward W. Closson, Lambertville, and family spent the last two weeks of August at Beach Haven.

Dr. Charles M. Franklin, Hightstown, and family spent the month of August in Maine.

Dr. Morris Frank, Bayonne, has been appointed assistant city physician.

Dr. Mefford Runyon, South Orange, and

family spent two weeks last month at Green Pond.

Dr. Orris W. Saunders, Camden, spent the last two weeks of August at Ocean City.

Dr. Alfred Stahl, Newark, and wife spent a few days in August at Mendham.

Dr. John B. Seeds, Trenton, and family have

returned home from Manasquan.

Dr. Ernest Thum, Bayonne, and family spent the last two weeks of August at Asbury Park.

Dr. Fred H. Albee, Colonia, has a paper in the Medical Record, August 14, on "The Bone Graft Wedge in the Treatment of Habitual Dislocation of the Patella."

Drs. Joseph B. Coleman and Jackson B. Pellett, Hamburg, are planning to build cottages on the shore of Lake Grinnell.

Dr. Joseph M. W. Kitchen, East Orange, has a paper in the Medical Record, August 14, on "The Relation of Low Temperature Fermentations as Affecting Sanitary Character in Milk."

Dr. Anderson A. Lawton, Somerville, and wife spent two weeks at Manasquan last month.

Dr. F. Vernon Ware, Millville, and wife spent a few days in August at Ocean City.

Dr. Dennis R. McElhinney, Elizabeth, and wife spent several days last month at Point Pleasant.

Dr. Britton D. Evans, Greystone Park, recently returned from a week's stay at Thousand Islands.

Dr. Edward S. Hawke, Trenton, and family spent a few weeks at Wildwood.

Dr. A. Haines Lippincott, Camden, and wife recently enjoyed an auto trip to Long Branch.

Dr. Harvey D. Williams, Trenton, and wife spent a week at Charleston Lake, Canada.

Dr. Stacy M. Wilson, Bridgeton, and family spent a few days at Wilwood recently.

Dr. Bert. E. Heintzelman, Bayonne, and wife motored through eastern Pennsylvania last month.

Dr. Charles W. Banks, East Orange, spent the month of August at White Mountain resorts.

Dr. Edgar N. Brasefield, Phillipsburg, took an automobile trip last month through the New England States.

Dr. Peter B. Cregar, Plainfield, and wife, have returned from the Panama-Pacific Exposition.

Dr. Alfred M. Elwell, Camden, and wife, spent a few weeks at Cedar Beach.

Dr. Frederick C. Gray, Bayonne, and wife motored to Point Pleasant, where they spent a few days in August.

Dr. Ellis W. Hedges, Plainfield, and wife spent a few weeks at the Breslin, Lake Hopatcong.

Dr. William B. Jennings, Haddonfield, and wife returned last month from a few weeks stay in New England.

Dr. Caldwell B. Keeney, Summit, and family passed their vacation season in Canada and New York State.

Dr. F. Irving Kraus, Chatham, and wife spent two weeks last month touring in their auto in the New England States.

Dr. Caldwell Morrison, Newark, spent three weeks last month at Lake George, N. Y.

Dr. Guy Payne, Cedar Grove, was recently elected president of the Overbrook Hospital Tennis Club.

Dr. Edward C. Pechin, Camden, and family took an auto trip through New England last month.

Dr. Leon T. Salmon, Lambertville, and wife spent two weeks in August at Ocean Grove.

Dr. George W. Shera, Jersey City, and wife spent some time at Spring Lake last month.

Dr. David St. John, Hackensack, spent two weeks on his farm at West Berne, N. Y., recently.

Dr. Alva A. Swayze, Hackensack, spent his vacation at Big Moose in the Adirondacks.

Dr. Henry L. Coit, Newark, read a paper on "The Recognition of the Fact and the Estimation of the Danger of Bovine Tuberculosis," at the March meeting of the N. Y. Academy of Medicine, Pediatrics Section.

Dr. Linn Emerson, Orange, read a paper before the Colorado Ophthalmological Congress, Denver, July 22, on "Business and Office Meth-

ods in Special Practice."

Dr. Thomas H. Flynn, Somerville, and family spent two weeks last months at Asbury Park.

Dr. Abram E. Carpenter, Boonton, spent a

few days at Bar Harbor, Me., last month.
Drs. Robt. H. Hamill, Thos. Prout and W.
J. Lamson, Summit, have returned from an
automobile tour through New York State.

Dr. Enoch Hollingshead, Pemberton, and wife had a very pleasant auto trip through Marvland last month.

Dr. Watson B. Morris, Springfield, and wife last month enjoyed an automobile trip around Long Island.

Dr. William H. Pratt, Camden, and wife returned recently from an automobile trip to Mt. Pocono.

Dr. August A. Strasser, Arlington, returned from his trip to California and other Western States August 1st.

Dr. Sara D. Smalley, Newark, passed her vacation in the New Hampshire woods.

Dr. John L. Suydam, Jamesburg, was appointed last month a member of the Middlesex County Board of Elections and was subsequently elected chairman.

Dr. Isaac Edward Gluckman, Newark, has returned home from Naples, Maine, where he

spent a few weeks.

Dr. Edward S. Phelan, Newark, has returned home from his month's stay in Rochester, New York.

Dr. George E. Titus, Hightstown, and family, enjoyed an auto trip last month to the Delaware Water Gap and the Rumapo Valley.

Dr. George H. Foster, Rockaway, and wife, returned last month from a visit at Chautauqua, N. Y.

Dr. Bert E. Heintzelman, Bayonne, and wife, enjoyed a few weeks' stay in Maryland and Virginia during the summer.

Dr. Samuel C. Havens, Morristown, and family, spent the month of August in Canada.

Dr. Frederick W. Owen, Morristown, and daughter, spent several weeks at Rouse's Point, N. Y. and Portland, Me.

Dr. George H. Sexsmith, Bayonne, and wife, spent the month of August at St. Andrew-by-the-Sea.

Dr. John H. Winslow, Vineland, and wife, had a narrow escape last month in a collision of their auto with a wagon.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume IV. Number III. (June, 1915.) Octavo of 195 pages, 73 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Published Bi-monthly. Price per years, Paper, \$8.00. Cloth, \$12.00.

REPRINTS AND REPORTS RECEIVED.

From Dr. Joseph C. Bloodgood, Baltimore, Stomach Carcinoma; Its Medical Aspects.

From the U. S. Public Health Service, Hygienic Laboratory: Bulletin No. 90, Epidemiologic Studies of Acute Polioniyclitis, Wade H. Frost, M. D., 258 pages. Bulletin No. 95, Laboratory Studies on Tetanus, Edward Francis, M. D., 518 pages.

From Parkc, Davis & Co., Detroit: Collected Papers from the Research Laboratory, Dr. E.

M. Houghton, Director, 341 pages.

From Dr. H. A. Frauenthal, New York City:
1. Eighth Annual Report of the Dispensary
and Hospital for Deformities and Joint Diseases, Dr. Frauenthal, Physician and Surgeonin-Chief; 2. Erb's Palsy; 3. Gout; 4. Treatment
of Acute Synovitis; 5. Rational Spinal Support; 6. Treatment of Paralysis of Anterior
Poliomyelitis; 7. Therapeutical Exerciscs Performed Before a Mirror.

From Dr. Frank D. Gray, Jersey City: 1. Observations on the Tecnic of Intestinal Anastomosis, with Special Reference to a Modification of Maunsell's Method; 2. A Review

of Surgery.

From Dr. A. J. Rongy, New York: The Use of Scopolamine in Labor.

From Harry A. Goldberg, D. D. S., New York: Constitutional Infection Due to Septic Pyorrhea Alveolaris with Joint Involvement.

From the Prudential Insurance Company: Mortality of the Western Hemisphere, by Frederick L. Hoffman, Statistician, Newark.

MEDICAL EXAMINING BOARDS' REPORTS.

	Ex	amined.	Passed.	Failed.
Arkansas, May		45	42	3
Illinois, January		55	39	16
Michigan, May		48	46	2
Oregon, July		49	31	18
Rhode Island, July		5	3	2
Utah, July		7	7	0
Washington, July		65	49	16

E. Dexter Pool, secretary of the Medical School of the University of Pittsburgh, recently said: "There is no doubt there has been an enormous decrease in the output of the medical schools not only of Pennsylvania but throughout the country. The medical schools of the United States in 1910 had an attendance of 21,394 students. In 1912, this total fell to 18,000, a decrease of 3,394. In 1914, the total students in the schools was 16,000, a still further decrease of 2,000. This means a total decrease of 5,394 in four years, or more than 25 per cent.—a pretty heavy cut."

Public Health Items.

Any kind of filth in which you find maggots is fly-breeding filth—maggots turn into flies.

What does it profit a man to have a good time for two weeks and then come home and go to bed with an attack of typhoid fever? Verily, not much.

The Somerset Anti-Tuberculosis Association has filed articles of incorporation. Drs. Mary E. Gaston, Lancelot Ely and Aaron L. Stillwell, of Somerville, are trustees.

Typhoid Fever Epidemic at Cranbury.

There have been thirty-four cases of typhoid fever at Cranbury, mostly mild cases. All but one is said to have originated from the dairy that caused an outbreak last spring. Dr. Hunt, of the State Department of Health, has been co-operating with the local authorities and the epidemic is under control.

Dr. Charles F. Bolduan, the food expert of the New York Health Department, declares that middle-aged men break down not from overwork, but from over-eating.

New York Health Department Health Crusade.

The committee has recently issued a report giving the results of a study of the effects of alcohol on human life, in which the records on about 2,000,000 lives of 43 leading life insurance companies were examined. They believe the conclusion is justified that total abstainers have a mortality of about one-half of that among those who take two glasses of whiskey a day.

Health of New York City.—The Department of Health reports a total of 1,328 deaths in this city during the week ending July 31, giving a death rate of 11.94 as compared with 11.67 during the week proceding and 12.06 during the corresponding week in 1914.

The death rate for the first 32 weeks of 1915 was 13.78, compared with 14.57 for the corresponding period of 1914.

Charity Abuse Again.—The discovery that one of the patients at Bellevue Hospital was worth \$15,000 or more, and was getting or attempting to get the benefits of that institution at the expense of the taxpayer, has again brought up the matter of medical charity—a subject which perennially causes a lot of talk and little action. Why is it that some definite

Prevention.—Disease prevention is the only practical procedure by which we may hope to establish and maintain a low death rate. We will succeed only to the degree that all the people become interested to the point of cooperation.—North Carolina Health Bulletin.

Posters to Succeed Bulletins.—Health epigrams posted in street cars are being used by Dr. Edward W. Fahey, public health director of Duluth, Minn., instead of the monthly public health bulletins, and the change is saving the city \$62.50 a month.

Free Lunches Abolished. — According to a late ruling of the State Board of Health, all

free lunches in Indiana have been abolished unless they meet the requirements of the board, which are most rigid in regard to sanitation. This does not necessarily abolish the free lunch but requires every saloon keeper to make it sanitary.

State Responsibility in Tuberculosis. — The universality of tuberculosis establishes this disease as a federal problem, in which the obstacle of "States' Rights" should not be allowed to enter. It is essentially a problem affecting the welfare of the whole people without demarcation of State, county or municipal lines. As long as railroads carry infectious people, food, cattle and dirty mail bags, and ports of entry admit consumptive immigrants, the federal government cannot fail to be an important factor in this matter. — William Charles White, M. D., paper read before the Seattle meeting of the National Association for the Study and Prevention of Tuberculosis.

Vaccination Law Upheld by Board of Education.

Holding that the State school law providing that a Board of Education "may exclude from school any teacher or pupil who shall not have been successfully vaccinated, or revaccinated, unless such teacher or pupil shall present a certificate signed by a regularly licensed physician that such teacher or pupil is an unfit subject for vaccination," is mandatory, Assistant State Commissioner of Education John Enright, on August 3rd, dismissed the appeal of Clarence S. Curtis, and his son, Laurence Curtis, from the action of the Board of Education of Newark in excluding young Curtis from school because he had not been vaccinated. Curtis refused to permit his son to be vaccinated because he was opposed to the theory and practice of vaccination.

The boy was then excluded from the school by the School Board; whereupon Mr. Curtis demanded of the board a hearing on the merits of the question of vaccination. This request was refused, and Mr. Curtis took this appeal to the State Commissioner of Education. The decision of the State Commissioner, through his assistant at the head of the law department, is that Laurence Curtis, not seeking exemption from vaccination by reason of physical unfitness, but because of the personal opinions held by his father on the question of the efficacy and dangers of vaccination, was lawfully excluded from school.

The decision is deemed highly important, as it is the first time a ruling has been given on this question.

Health Board Plans for Training Mothers.

An elaborate exposition of the plan to provide a place at the new almshouse for unfortunate mothers, so as to train them to make happy homes and take proper care of their offspring, was made before the poor and alms committee of the Common Council August 5th by Drs. Elmer G. Wherry of the Board of Health and Julius Levy of the child hygiene division. The appearance of the physicians was in accordance with a request extended at the last meeting of the committee.

Dr. Wherry stated that the Board of Health would gladly co-operate in any plan of this

nature and that Newark had the opportunity of becoming the first city in the country to

take up the question.
"Our plan," explained Dr. Wherry, in opening the mother training discussion, "is to provide a place where mother and child may be brought together for a period of at least six months; where the mother can be taught the simple principles of domestic science and the best and cheapest methods of caring for her offspring. She should know how to buy, how to cook, how to keep a home sweet and clean; in a word, should be taught every essential of making a happy home. I believe also that in many instances when the mother and child are kept together this way the father will be induced to return and marry the woman. Thus our plan would result in saving not only the mother and child from a cruel fate, but would oftentimes unite a whole family."

Dr. Levy said the one who needed this care the most was the unmarried mother. He said there were 120 unmarried mothers a year in Newark on an average. "These mothers now seem interested only in boarding their babies out somewhere while they take steps to get out of town. The proposed plan would tend to foster mother love and to develop in these unfortunate women trait of character that would prove of incstimable good to the community."

Health Department and Automobile Aceidents.

A recent Bulletin of the Health Department notes the fact that thirty persons were killed in the streets of New York City by automobiles during the month of May and blames the legislature for statutes which do not offer sufficient protection to the pedestrian and which expressly prohibit any local authority from enacting supplementary protective regulations. The bulletin points out that it is the clear duty of the authorities to see to the competency and trustworthiness of every would-be operator is satisfactorily established and that if the legislature is unwilling to enact protective regulations applicable throughout the State, that a request be made that the hands of the Board of Alderman and the Health Department be untied so that they may adopt an ordinance which will compel those who desire to operate motor vehicles in the streets of the city to submit to an adequate test of fitness as a condition precedent to the obtaining of a license or permit. The support of all the people of the city is desired in order that this demand may be made when the next legislature convenes.

Rural Health and the Nostrum Evil.

Dr. Oscar Dowling, in the American Journal of Public Health, says: The patent nostrum is difficult. In many instances, it is a habit, unconscious it may be, but nevertheless a habit. The man or the woman accustomed to the effect of a "dope" drink wants to believe that it is relieving pain or assisting nature. The pleasant sensation is an incident which lightens the routine of a dull, monotonous day. I see no way to put out of business these partners with poverty and death but to enlist in the cause the country editor. If he could be persuaded or made to cut out the advertisements of quack remedies and paid to run a half column each week of pertinent, reliable information on

the so-called remedies most used in this territory, it would be effective to a degree. The control, however, of use of patent medicines is largely in the power of the practitioner. He is the main factor in the education of the people as to harmful results and folly of spending money for these concoctions of alcohol, burnt sugar and other substances with no therapeutic value.

STATE BOARD OF HEALTH. From Statement of July, 1915.

Total number of deaths reported 2,963, of which there were 456 among infants under one year; 207 of children over one and under five years, and 814 deaths of persons aged sixty years and over.

The distribution of deaths by causes was as follows: Typhoid fever, 12 (18); measles, 28 (12); scarlet fever, 18 (11); whooping cough, 29 (18); diphtheria, 30 (49); malarial fever, 0 (1); tuberculosis of lungs, 284 (313); tuberculosis of other organs, 42 (47); cancer, 202 (188); diseases of nervous system, 257 (277); diseases of circulatory system, 464 (507); diseases of respiratory system except pneumonia, 123 (198); pneumonia, 128 (236); infantile diarrhoea, 118 (190); diseases of digestive system, 173 (194); Bright's disease, 219 (259); suicide, 48 (44); all other diseases or causes, 651 (609).

Communicable Diseases Reported.

Typhoid fever, 62 cases; diphtheria, scarlet fever, 412; tuberculosis, 793; chicken pox, 298; malaria, 96; poleomyelitis, 2; anthrax, 1; trachoma, 10; total, 2,064.

The numbers given in parenthesis are the averages for the previous twelve months.

Laboratory of Hygiene.

Bacteriological examinations: Specimens from suspected cases of diphtheria, 513; tuberculosis, 461; typhoid fever, 324; malaria, 47; miscellaneous, 136; total of 1,481 specimens examined.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1915, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies.":

Merck & Co.: Betanapthol Benzoate.

Caustic Applicators, Special (Silver Nitrate, 50 per cent.)—Wooden sticks, 12 in. long, tipped with a mixture of silver nitrate 50 per cent. and potassium nitrate 50 per cent. Antiseptic Supply Co., New York (Jour. A. M. A., July 3, 1915, p. 29)

Enzymol.—An extract of the fresh animal stomach containing the gastric enzyme in active standardized form and having an acidity due to combined hydrochloric acid. Enzymol is stated to be useful as an application to old sores, ulcers and slow healing wounds. It is said to correct offensive odors, to exert a solvent action on pus, sloughing and necrotic tissue and to impart a healing stimulus. For the solution of necrotic bone and in some abscesses hydrochloric acid is added to the diluted extract (Jour. A. M. A., July 24, 1915. p. 333).

OFFICIAL TRANSACTIONS

OF THE

ONE HUNDRED AND FORTY-NINTH ANNUAL MEETING

At Spring Lake, N. J., June 22, 23 and 24, 1915

First Day, Tuesday, June 22, 1915. 10.30 A. M.

MEETING OF THE HOUSE OF DELEGATES.

Dr. Frank D. Gray, the President, called

the meeting to order at 10.37 A. M.

The President: The 149th annual meeting of the New Jersey State Medical Society is now in session. Just a remark or two that the chair would like to make before we proceed to business. First, those of you who have read your programs will notice that our sessions have been planned with a view to brevity, as far as the scientific work is concerned. We hope, by that means, to have a full attendance at all the sessions. I would also call attention to the fact that in order to have the necessary quiet, in view of the free communication with the lobby, that everyone who wishes to indulge in social recreations, conversation, etc., will please go into the parlor at the left, instead of remaining in the lobby. It will very much facilitate the work of the sessions if we are free from the noise that will necessarily occur from conversing in all parts of the lobby. I think this is not asking too much; and it will help us a great deal.

Again, the Chair proposes to live up, as near as possible, accurately to the times stated on the program. We have called this meeting five minutes late waiting for a quorum; but we expect to call the sessions on time. Furthermore, we expect to conform to the constitutional requirements of allowing no speaker more than five minutes in discussion, except those who open the discussion; no one but those qualified by the constitution as members of the House of Delegates will be allowed to discuss business matters, or to vote; and no one will be allowed to speak twice to the same question, except by permission of the

I would ask as a favor that all the gentlemen sit as near to the rostrum as possible, in order that we may be compact and that the Chair may be able to distinguish badges, in that way knowing who has a right to the floor. I was instructed at the desk, or rather requested, to ask you to avoid smoking; but I see they have evidently repented

and brought in facilities for your smoking. Please do not drop the ashes on the floor, even though it is a bare floor; it is a dancing floor; and, unfortunately, last evening at the meeting in the private dining hall, some one dropped a lighted cigar or cigarette upon the carpet and burnt a nasty hole, practically ruining that strip of carpet.

With these few opening remarks, and with the hope and expectation that we are to have an unusually interesting meeting this year, we will proceed with the regular

order of business for the day.

You will notice, at the beginning of the Order of the Day, a request that speakers announce their names. This is for the benefit, largely, of the stenographer and the secretary, and speakers will step to the front in making any remarks.

The first in order is the report of the Committee on Credentials. Harry A. Stout,

Chairman.

Dr. Harry A. Stout: The committee have examined all credentials thus far presented and find a quorum present. Nominations for Permanent Delegates, as enumerated in the program, have been presented to the committee and have been approved, with the exception of one from Atlantic County, which has not been handed to the Committee on Credentials, or to the Secretary.

The President: Gentlemen, what is your

pleasure in regard to this report?

On motion, accepted and ordered placed on file.

The President: Next on the order is reading of the minutes of the 1914 meeting.

The Secretary: I move the minutes as printed in the September 1914 number of the Journal be adopted as the minutes of the 1914 meeting.

The President: Moved and seconded that the minutes of the 1914 meeting as printed in the September number of the Journal be adopted. Carried.

The President: Report of the Recording Secretary on Permanent Delegates.

Report on Permanent Delegates.

The number of permanent delegates is 127. Three have died during the year: William P. Melcher, Burlington County; Fugene T. Oli-

phant, Gloucester County; Richard R. Rogers, Mercer County. Besides these vacancies due to such deaths there have existed vacancies since 1913 in Atlantic, Union and Monmouth counties

To fill the above vacancies, Atlantic County nominates Walt P. Conaway to fill the vacancy caused by the death of Edward A. Burlington County nominates Marcus W. Newcombe. Mercer nominates William S. Lalor. Monmouth County nominates Harry E. Shaw to fill the vacancy caused by the dropping of Cyrus Knecht in 1913, and Union County nominates Walter E. Cladek to fill the vacancy due to the dropping of J. A. Coles in 1913.

In addition to filling these vacancies nominees from those county societies entitled to nominate under Art. IV., Sec. 3 of the con-stitution are to be elected, and the following county societies present as nominees: Bergen. Frederick S. Hallett, Charles Calhoun; Cape May, J. Morgan Dix; Burlington, George T. Tracy; Essex, Christopher C. Beling, John F. Condon, Ralph H. Hunt, James M. Maghee, John B. Morrison, Eugene W. Murray, Emmanuel D. Newman; Hudson, Henry J. Spaulding; Middlesex, Arthur L. Smith; Passaic, John C. McCoy; Union, Joseph B. Harrison.

Your Secretary holds the credentials as nominees of these members executed in constitutional form, and moves their election as

permanent delegates.

Respectfully submitted, Thomas N. Gray, Recording Sec'y.

Dr. Chandler: I move that this report be received and placed on file. Carried.

The Secretary: The Secretary repeats the motion that these men be elected as Permanent Delegates, their credentials being in proper form.

The President: Moved and seconded that the Secretary cast a ballot for these nominees. Carried.

The Secretary: I have cast a ballot for Drs. Walt. P. Conaway, Marcus W. Newcombe, Wm. S. Lalor, Harry E. Shaw, Walter E. Cladek, Frederick S. Hallett, Chas. Calhoun, J. Morgan Dix, Geo. T. Tracy, Christopher C. Beling, John F. Condon, Ralph H. Hunt, James M. Maghee, John B. Morrison, Eugene W. Murray, Emmanuel D. Newman, Henry J. Spaulding. Arthur L. Smith, John C. McCoy and Joseph B. Harrison, and suggest that they register with the Committee on Credentials as Permanent Delegates, and receive badges as such.

Dr. Conaway: The other Permanent Delegate nominee from Atlantic County is Dr. E. H. Harvey. He was duly elected at our annual meeting, contingent upon our having a full quota. The Secretary informs me we have now a full quota; and he is on his way here with Dr. Harvey's cre-

dentials. Would it be possible for that name to be taken up on the arrival of our Secretary and acted upon?

The President: Yes.
The President: Let me ask each member always to wear his distinguishing badge.

Next is the report of the Committee on Arrangements, Wm. G. Schauffler, chair-

Dr. Schauffler: Mr. President, Gentlemen: There is very little for the chairman of the Committee of Arrangements to say, at this time. We have endeavored to get things ready for the meeting as usual. I wish to call attention to one thing, especially, however, and that is the position of the exhibitors at this meeting. Owing to the extensive changes made in the house, it is impossible to have these exhibitors on this floor as heretofore, and they have all agreed to going downstairs. As you realize, it is out of the way. When they were on this floor, we passed in and out all the time, and saw them. They are now downstairs, a little out of the way. The only thing near them is the bar and the grill room, possibly that is not much to their disadvantage. These men bring into the Society the only revenue that the chairman of the Committee of Arangements has at his disposal to make arrangements and do various things; and they are worthy of the consideration of the members. I will ask you, when possible, and whenever possible, to stop in for a few moments downstairs and see what they have, and let them talk to you. It doesn't take much time, and it will help them, and help the future Committee of Arrangements in securing exhibitors.

Further announcements, Mr. President, I will ask to be permitted to make later.

The President: Gentlemen, what is your pleasure in regard to the report of Dr. Schauffler? On motion ordered accepted.

The President: Next in order is the report of the Committee on Program,

Thomas N. Gray, Chairman.

The Secretary: Your committee present, as their report, the copy of the program which is in your hands. I move that the order of exercises, as in the printed program, be made the order of business for each meeting of the House of Delegates, each General Session and each day.

The President: What is your pleasure? Report received and motion carried.

The President: Report of the Committee on Scientific Work, John C. McCoy, Chairman.

Dr. McCoy: The committee presents the program as printed and two scientific papers with exhibition of patients in addition as its report.

The President: Motion made and seconded that this report be accepted. Carried.

The President: Report of the Corresponding Secretary.

The Secretary moved that it be post-poned, Carried.

The President: Report of the Recording Secretary.

Report of the Recording Sccretary.

The membership in the 1914 report was 1,534. During the year 188 new members have been added to the roll, making the total enrollment for the year 1,722. This total has been reduced to 1,649 by 11 deaths, 8 removals from the State, 6 resignations, 2 dropped from the roll of county societies for cause, 1 transferred from active to honorary membership in a county society and 45 delinquents, the net gain being 115. Of this loss of 73, 28 is absolute; the 45 delinquency being contingent.

Of the 188 new members, Essex and Hudson have 59% with 60 and 49 respectively; Middlesex has 10; Passaic, 9; Atlantic, 7; Bergen and Union, 6 each; Burlington, Camden and Cumberland, 5 each; Cape May, Mercer, Morris and Monmouth, 4 each; Hunterdon and Salem, 3 each; Warren, 2, and Sussex, 1. Gloucester, Ocean and Somerset show no new members and are numerically less than in 1914; Gloucester through a removal, Ocean because of a death and 2 delinquents, and Somerset through 1 transferred, 1 death and 2 delinquents. Mercer, Monmouth, Sussex and Warren also have fewer members than at the last report; Mercer by reason of 1 removal and 7 delinquents; Monmouth because of 1 death, 2 transferred and 5 delinquents; Sussex through a resignation, and Warren through 1 death and 2 delinquents.

Your Secretary is compelled to the view that had the local officers an equal ambition with his to hold the old members, this delinquency would not have appeared in this report. This view is forced on him by two facts: One that the returns of county treasurers on January 15th showing 261 1914 members' names missing; a first, second and third series of letters reduced this number to 49 by April 1st, with over 50% of the 212 who cleaned up their indebtedness in response to these letters, writing a letter of thanks to the Secretary for having called attention to the oversight; the wording of these letters making it evident that the writers had not been approached by a local officer.

. The other fact referred to in this connection is, that in the three counties in which your Secretary knew he had the active co-operation of the local treasurer, the showing as to delinquency is remarkable. Essex, with an enrolled membership of 453, having but 5 delinquents; Hudson, with an enrollment of 257, but 5, and Passaic, with 130, none. These three counties total 840 members enrolled durnig the year with but 10 delinquents. The bal-

ance of the delinquents, 35, is in 11 counties having an enrolled membership of 583.

The credit for the showing in new members in Essex and Hudson counties is due to the special committee on new members in each county. These committees districted the counties and then made a thorough canvass. The full result of their work does not show in this report, as in the two counties there have been 45 more elected to membership, but who have not yet qualified.

This report would not be complete without an expression of the whole-souled, hearty cooperation your Secretary has received from the President.

Respectfully submitted, Thomas N. Gray, Recording Sec'y.

The President: Gentlemen, what is your pleasure in regard to this report?

Dr. Dickinson: I move that it be accepted Carried

cepted. Carried.

The President: Report of the Treasurer. Dr. Archibald Mercer, Treasurer: Mr. President, Gentlemen: I present the Treasurer's report from January 1st, 1914, to January 1st. 1915, as follows:

Report of Treasurer.

Dr. Archibald Mercer, Treasurer, in account with the Medical Society of New Jersey.

WILL LIE	e medical 50	ociety of	New Jersey	
1914		CR.		
Jan. I	Bond, Chic	cago and	Alton	. \$ 17.50
• 6	Atlantic	County	Assessment	225.00
6	Bergen	"	6 6	192.00
4 6	Burlington	6.6	4.4	129.00
6.6	Camden	6.6	6.6	222.00
6 6	Cape May	6.6	6.6	78.00
6.6	Cumberlan	d ''	6.6	81.00
4 6	Essex	6.6	4.4	1,040.00
6.1	Gloucester	6.6	6.6	72.00
6.6	Hudson	6 6	6.6	588 00
6.6	Mercer	6.6	6.6	210.00
6.6	Middlesex	6.6	4.4	135.00
6.6	Monmouth	6.6	6.6	129,00
6.6	Morris	6.6	6.6	183.00
6.6	Ocean	6.6	6 6	48.00
6.6	Passaic	6.6	6.6	348.00
6.6	Salem	6.6	6.6	57.00
4.4	Somerset	6.6	6.6	84.00
6 6	Sussex	6.6	6.6	63.00
6 6	Union	6.6	6.6	218.00
6.6	Warren	6.6	6 n	66.00
Feb. 2		Co. addit	ional paym	
" 2	Middlesex	44 addit	i cital payin	3.00
" 6		6.6	6 66	48.00
" 6	Gloucester	Co.		6.00
" 16		4. 6	4 64	18.00
" I7	Bergen	66 6	6 64	6.00
Feb. 19	Middlesex	Co. addi	tional paym	
1 (0. 19	Union	66. add	i i i i i i i i i i i i i i i i i i i	15.00
" 24	Bergen	66 6		6.00
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01	Atlantic	66 6	6 66	9.00
" IO	Hudson	6.6 6	6 6 6	10.00
" 10	Somerset	66 6		3 00
" 18	Monmouth	6.6	4 44	- 3.00
'' 26	Essex	6.6 6		67.00
April 9	Camden	6.6 6		6.00
" I3	Camden	66 4		6.00
" 25	Essex	66 6	ic co	12.00
May 14	Hunterdon	66 6		3.00
	Monmouth	66 6		3.00

3.00

16 Monmouth "

May 18	Camden	Co.	additional	navment	6 00
			additional	payment	
27	Warren				3.00
" 27	Essex	• •	6.4	6.4	9.00
	Atlantic	6.4	6.4	6.6	6.00
" 27	7 1 11	_ ((6.6	
27	Middleses	ζ			3.00
" 30	Hudson	6.6	6 +	6.6	20.00
" 30	Warren	6.6	6.6	6.6	6.00
" 30	vv allell	15 66	. 6	b 6	
30	Monmout	th ''			5.00
" 30	Salem	6.6	6.6	6.6	3.00
" 20	II		6.6	6.6	
30	Union				15.00
June 6	Passaic		6.6		21.00
" 9	Somerset	+ 6	6.6	6.6	3.00
		6.	6.	6.6	
19	Morris				3.00
" 20	Bergen	6.6	4 +	6.6	3.00
	Dogginto	£	To	_	
4/	Receipts	HOIII	Journal	1	,252,65
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" I			go & Alto		
	E	Omca		n Dona	17.50
3	Essex C	o, ad	lditional p	ayment	8.00
" 15	Unexpen	'd bal.	. Com. arra	ng'm'ts	17.73
	Essex		additi o nal p	ayment	3.00
24	Camden	6 6	6.6	6 6	3.00
Oct. 5	Essex	6.6	6.6	6.4	
56. 5	T.I	6.6	4.4	4.4	5.00
" 19			• • •	• •	6.00
" 22	Morris	4.4	6.6	6 6	6.00
	Middleses	- 66	6.6	6.6	
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" 22	Dr. Wm.	T. Ch	andler, Pu	b. Com	245.17
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Oct. 13 Law Reporting Co. stenographer 92.50
" 13 Dr. Wm. J. Chandler, Pub. Com. 206.29
" 30 Foster M. Voorhees, Med. Defense 211.07
" 30 Dr. T. N. Gray, Rec. Sec. Exp. 48.55
Nov. 18 Dr. Wm. J. Chandler, Pub. Com. 160.82
Dec. 12 Dr. Wm. J. Chandler, " 225.00
10 Dr. Will. J Chandler,
" 21 Dr. T. N. Gray, Rec. Sec. salary 75.00
\$5,080.96
Bank balance January 1, 1915 1,943.55
Bank charge (check returned for signa-
ture) 15.00
\$7,039,51
\$1,000 Bond, Chicago & Alton 3½%,
cost \$786,50 786.50
A 0.6
\$7,826.01
Respectfully submitted,
Archibald, Mercer, Treasurer
Archibald, Mercer, Treasurer

The President: You have heard this report of the Treasurer, Gentlemen: What is your pleasure?

Dr. Ill: I would state that the report has been audited by the trustees and found correct.

On motion received and ordered placed on file.

The President: We will now listen to the report of the Board of Trustees, Dr. English, Chairman.

Report of the Board of Trustees.

The Board of Trustees reports that two meetings were held during the year in Newark, the first, November 18, 1914, when it was decided to hold the 149th annual meeting of the Society at Spring Lake, June 22-24, 1915. The Fee Bill of the Society was ordered to be revised and published with the recently revised Constitution and By-Laws. Thirty dollars was voted as the Society's contribution this year toward the work of the People's Legislative Bureau and \$15 to the Committee on Public Health Education. President Gray reported that he had appointed Drs. G. K. Dickinson and H. B. Costill as representatives of our Society to the A. M. A. annual conference on Medical Legislation at Chicago. It was on motion voted that an amount not to exceed \$100 be appropriated toward their expenses.

At the second meeting held in Newark, February 17, 1915, the Harrison Anti-Narcotic Law passed by Congress was discussed, and the President was requested to communicate with the A. M. A. Conference on Medical Legislation as to the provisions of the law which unnecessarily and improperly restricted physicians in prescribing narcotics, and requesting the exact interpretation of the law's provisions as to the duty of physicians thereto. The board endorsed the State Health Bill as approved by our Committee on Legislation and the Committee on Efficiency and Economy. The board also requested our Committee on Legislation to oppose Senate Bill 85 (Assembly Bill 307), as being exceedingly inimical to the health interests of our State.

The board also met in Spring Lake, June 21, 1915. Dr. George T. Welch was elected chairman in the absence of Dr. J. W. Ward, detained by sickness. Dr. John W. Ward was re-elected chairman of the board and Dr. D. C. English secretary for the ensuing year.

Secretary T. N. Gray presented his annual report. Dr. H. B. Costill presented his annual report as chairman of the Committee on Legislation; its recommendations were approved and the committee was thanked for its very efficient work. Dr. W. J. Chandler presented the report of the Committee on Publication and its recommendations were approved. The committee was thanked for its excellent work; Dr. D. C. English was re-elected Editor of the Journal and \$1,200 was voted for his salary and expenses for the ensuing year. Dr. T. N. Gray presented his report on Per-

Dr. T. N. Gray presented his report on Permanent Delegates. The salary of Dr. Gray as Recording Secretary for the coming year was

made \$500.

ciety at noon.

Dr. A. Mercer presented his report as Treasurer and Drs. Fisher, Wilson and Johnson were appointed a committee to audit his accounts.

President Gray reported that he had arranged for two demonstrations on the treatment of hay fever and the new treatment suggested for cancer, these to be held during the intermission between the sessions of the So-

At a meeting of the trustees, held this morning, Dr. English presented the preliminary report of the Committee of Arrangements for the 150th anniversary of the Society next year and the recommendations were approved, including one appropriating \$250 towards the committee's actual and necessary expenses. Dr. Fisher, chairman of the Auditing Committee, reported that they had examined the accounts of Treasurer Mercer and found them correct. The following was adopted: "That the actual and necessary expenses of the officers and the committees of the Society be paid by the Society when the same had been

Respectfully submitted by the Board, D. C. English, Secretary.

approved by the Committee on Finance."

The President: Gentlemen, what is your pleasure with regard to the report of the Board of Trustees?

On motion received, and its recommen-

dations approved.

The President: The next in order is the report of the Delegates to the American Medical Association and the Moving Picture Commission. None of them present? If there is no objection these will be deferred.

The President: Reception of Delegates from other societies.

The Secretary: Your Secretary has credentials from Dr. E. J. Emerick, representing the Medical Society of Ohio; Dr. Hewson, representing the Medical Society of Pennsylvania; Mr. Daniel H. Hills, representing the New Jersey Pharmaceutical Association; Dr. W. M. Leszynsky, of New York, representing the New York Medical

Society. I propose these as honorary guests of the Society, giving them the privilege of the floor in the general sessions.

The President: It is moved and seconded that the gentlemen whose names have been read, shall be voted guests of the Society and entitled to the usual privileges. Carried.

The President: Report of the Judicial Council, William H. Iszard, Chairman,

Dr. Iszard: "Mr. President and Gentlemen: I have the honor to present the following report from the Judicial Council, and reports of individual councilors:

Report of Chairman of Judicial Committee.

It is encouraging, as well as a pleasure, to say to you that there have not been any applications to the Judicial Council for medical defense this year, but this does not mean that your council has not had plenty of work.

The cases that were held over from last year have been the most perplexing cases to adjudicate that have come before us for years. I will ask Dr. Beling, the councilor of the First District, to make the report in the Dr. Shimer case, and Dr. Hunter, the councilor of the Fifth District, to render the report of the Dr. Hinckley case.

At a meeting of the Judicial Council held May 6th, 1915, a resolution was passed recommending the payment of \$150.00 to Lawyer John A. Montgomery, of Trenton, this being a balance due him for defence of the Dr. Shipp's case, trial began in 1911 and ended recently in favor of the defendant.

I herewith present the annual report of the

Councilors:

First District.

Dr. William H. Iszard,

Chairman Judicial Council.

Dear Doctor:-

The Mcdical Societies of the Counties of Essex, Morris, Union and Warren, included in the First Judicial District, are all in a flourishing condition.

The scientific medical work in these counties cannot be estimated from the work done in

county societies alone.

Particularly in Morris, Union and Essex there are many medical organizations, composed largely of members of the respective county societies, where scientific work of a

high standard is being carried on.

The Morristown Medical Club, the Summit Medical Society, the Associated Physicians of Montclair and Vicinity, the Essex County Pathological and Anatomical Society, the Academy of Medicine of Northern New Jersey, the Practitioners' Club of Newark, the William Pierson Medical Library Association and several other organizations are all furthering the interests of the profession and maintaining a high standard of medical work.

There is a growing tendency in this district to bring the work of the hospitals into closer relations with the profession at large. The New Jersey State Hospital at Morris Plains has been the meeting place for the Morris County Society on two occasions. On the invi-

tation of the Board of Managers and the Medical Directors, the Morris County Medical Society held its annual meeting at the New Jeresy State Hospital at Morris Plains. The members had the opportunity of seeing groups of mental cases and also of learning of the new methods employed for diversional occupation and re-education of the insane.

For sometime past the medical staff of the Newark City Hospital had been meeting weekly for clinical and pathological study. Recently the scope of these meetings has been extended and the profession in general has been invited to take a part in them. The attendance at these meetings has been growing rapidly. They appeal to the physician owing to the real live character of the work. Patients with their carefully prepared clinical records are presented, pathological specimens are shown, and opportunities for study and discussion, which cannot be obtained in any other way, are afforded. There is no better way to increase interest in scientific work than to bring the physician in contact with actual material. In our large institutions there must undoubtedly be many facilities which may be utilised for this purpose.

The Essex County Society has been especially active. It has had a remarkable growth in membership—89 new members having been gained during the year. Through the efforts of active committees and the direct personal interest of its President, Dr. Carl E. Sutphen, many important matters of both professional and general interest have been furthered with an encouraging degree of success. These activities have been regularly chronicled in the Journal by the reporter of the Essex County

There have been no applications for Medical Defence. A member of Essex County Society was sued for malpractice, but as he had failed to pay his dues, he was not entitled to defence. The outcome of this case is pending.

A member of Morris County Society who was charged with malpractice, did not apply for State Society aid, but defended himself successfully.

Yours respectfully, C. C. Beling, Councilor, First Judicial District.

Second District.

Dr. William H. Iszard,

Chairman of the Judicial Council.

My dear Doctor:-

The following report is submitted to the State Society for the Second District. It is a pleasure to state that the district medical societies have increased their activities during the year; that a renewed interest in the science and economics of medicine and surgery has resulted from the visits of the President and Secretary of the State Society. There has been a considerable increase in membership, and much has been done to square and strengthen those splendid ideals of our profession, which have been handed down by the old school. It is further pleasing to say that harmony and good fellowship continues to prevail among the physicians and surgeons of northern New Jersey. The Passaic County Society has continued its attitude toward illegal practitioners, and has continued in its efforts, through the Legislative Committee, to bring before the courts physicians alleged to have been guilty of performing abortions.

The Sussex County Society discussed the sale and use of wood alcohol, and a resolution to further limit its sale, and to bring the question to the attention of the State Legislature,

was adopted.

There have been no new suits for malpractice during the year. The suit against Dr. O'Connor, of Kearny, was renewed last November and was at once referred to the counsel of the State Society and the suit was discontinued. Two physicians in Bergen County were jointly sued in an action for slander. The Counsel of the State Society advised the Judicial Council that the society made no provision for defence of such an action, consequently the application for defence had to be denied.

Very respectfully,

Robt. M. Curts,
Councilor, Second District.

Third District.

June 15th, 1915.

Dr. William H. Iszard, Chairman Judicial Council.

Dear Doctor:-

It affords the councilor of the Third District pleasure to report that all the county societies comprising this district are occupying advanced positions in point of culture, ethics and progressive work.

The meetings have all been well attended during the year and an earnestness on the part of the members to produce papers embodying their best endeavors, both in research and original work, has been conspicuous.

The Mercer County Society was entertained at its May meeting by Dr. Cotton very handsomely, at the State Hospital. A symposium on paresis was presented and much information on this strange disease was obtained.

The June meeting of this same society was held in the Assembly Hall of Peddie Institute, Hightstown. This has been the custom for the past two years and serves to give the

members a little outing as well.

The Somerset County Society was invited to hold its June meeting at Skillman as the guests of the Epileptic Village. The meeting was exceedingly interesting, several papers being read on epilepsy in its different phases and complications. A generous entertainment was provided by Dr. Weeks, and the Somerset County Society as well as the officers of the State Society and other invited guests found the occasion one of great interest and enjoyment.

W. A. Clark, Councilor, Third District.

Fourth District.

Camden, N. J. June 21st, 1915.

The Fourth District has had a somewhat quiet, peaceful and prosperous year. I have visited all of the societies in the district.

At all the meetings except the social in February of Camden Society, interesting, intellectual and scientific papers have been read and very profitably discussed.

To the secretary of each society I have submitted six questions, to wit:

1st. Have you lost any members by death? 2nd. Have you dropped any from your roll?

Have you added to your membership? What is your present membership?

5th. Have any complaints been made against any member?

6th. How many meetings have you held during the year?

With the following replies:

Burlington answers to 1st question, one; 2nd, two; 3rd, five: 4th, fortyfive; 5th, no; 6th,

Camden County answers to 1st question, two active and one honorary; 2nd, no: 3rd, four; 4th, eighty-seven; 5th, no; 6th, four.

Monmouth County answers to 1st question, one; 2nd, dropped seven, transferred 2, placed on honorary list, one; 3rd, three; 4th, thirtynine; 5th, no; 6th, two.

Ocean County answers to 1st question, one; 2nd, one; 3rd, two; 4th, sixteen; 5th, no; 6th,

While some of the societies report a small membership, it must be understood that the population is small and the ratio of members to the population is not as great as in densely populated districts or counties.

The little journal of the Camden Medical Society established by Dr. Daniel Strock, secretary of Camden County Medical Society in 1907, has continued to be published regularly ever since, and continues to be a source of interest and profit to the members of the society.

And I may be permitted to say that the editor is from time to time encouraged by the receipt of letters of commendation from various sections of the country. The Journal of the Medical Society of New Jersey is also a welcomed messenger, not only to the members of Camden County, but to all the members in this district and to the profession at large throughout the State.

Keeping us in touch with all the current events of the day. Reporting the select papers to its readers thereby creating an ambition or spirit of rivalry among our literary and scientific members to let their light also shine out. All of the societies in the Fourth District have been honored by the presence of our President, Dr. Frank D. Gray, and some of them by the presence of our genial Secretary, Thomas N. Gray, both giving happy talks and wise and profitable suggestions.

Respectfully submitted,

Wm. H. Iszard, Councilor, Fourth District.

Fifth District.

Westville, N. J., June 10th, 1915.

Dr. William H. Iszard,

Chairman Judicial Council,

Medical Society of New Jersey.

I herewith submit my annual report as councilor for the Fifth District.

The county societies in this district have held their meetings at regular intervals throughout the year, with increased attendance and much interest displayed.

The work in the way of papers has been of a practical and scientific character, helpful to the men in their daily work, making for increased efficiency by reason of the clinical type of the subjects selected.

Symposiums seem to grow in favor with our men. Good team work with local talent has made this type of meeting extremely profitable and helpful to the members.

Many of our societies have held one or more of their meetings at some of our State and county institutions, inspecting their methods of work and treatment, gaining thereby more intelligent conceptions of institutional care of the defective and insane wards of the State.

Publicity committees have been appointed by some of our societies, to voice to the public by means of the lay press the attitude of the medical profession upon all questions relating to general hygiene and sanitation. These committees may also prove potent for much good in educating and influencing the public along the line of medical legislation.

The spirit of the profession is steadily eliminating all forms of lodge and contract practice in this district.

The business of financial aspect of medical practice is receiving closer attention from the county societies. The thought that at least one meeting a year should be devoted to the consideration of the business side of our professional work is growing.

Most of our societies devote one session a year to a social meeting at which the ladies are present, and these occasions make for the

best of good fellowship.

In conclusion let me urge a still greater interest upon the part of the local members in the work of their societies, bearing in mind always that the reader of a paper reaps his reward in its preparation.

Respectfully,
James Hunter, Jr.,
Councilor Fifth District.

The President: Gentlemen, you have heard these general reports from the chairman of the council. What is your pleasure with regard to them?

Moved that they be accepted.

The President: Moved and seconded that these general reports be accepted.

Dr. Dickinson: Are these reports sub-

ject to amendment in any way?

The President: I think this part of the report is subject to discussion or sugges-

Dr. Dickinson: It failed to note that our President has visited every county society

A Member: I think, before this is accepted, the report of Dr. Hunter on the Hinckley case and Dr. Beling on the Shimer case should be given to the So-

The President: The Chair's opinion on this matter is, that those two cases, as I understand from the report of the Chairman of the council, deal with matters of ethics, with which the delegates have nothing to do, the report of the Judicial Council, in such event, being final; and the

Chair's ruling is that this report, being made up of the councilors' reports, should be received and acted upon independently of any further report. Their reports may be debated and amended. I believe it has been moved and seconded—am I right?—that these reports be received and placed on file. Any remarks?

Motion carried.

Dr. Curts: It goes on the minutes that the President visited every county society during the year?

The Secretary: Yes, your question does

this.

The Secretary: Dr. Schauffler presents the following resignation:

June 22, 1915.

I have the honor to resign my office as permanent delegate from Ocean County, following my election as Third Vice-President.

W. G. Schauffler.

I move the resignation be accepted.

The President: Moved and seconded that Dr. Schauffler's resignation as Permanent Delegate on account of his election to the Third Vice-Presidency, be accepted. Carried.

Dr. Iszard presented the following list of permanent delegates excused for non-attendance:

William S. Disbrow, of Essex, for 1914; Chas. Young, of Essex, for 1914 and 1915; J. E. Read, of Essex, for 1914; E. Zeh Hawkes, of Essex, for 1914 and 1915; J. D. Lippincott, of Essex, for 1915; August Adrain Strasser, of Hudson, 1915; Wm. H. James, of Salem, 1914 and 1915.

The President: If there is no objection, this will take the same course as the read report.

The Secretary: I see the Corresponding Secretary is present now; I move that he make this report. Seconded and carried.

The Corresponding Secretary: I have no written report. During the past year I have endeavored to comply with all the requirements of the office. Most of my correspondence is from outside the State, and from societies of different States. In large part it has been in regard to our medical defense act; asking for literature and its workings; so that New Jersey evidently is on the map.

The President: What is your pleasure with regard to Dr. Stout's report?

On motion received.

The President: Now we will listen to the special reports that the chairman of the council has assigned to Dr. Hunter, first.

Dr. James Hunter, Jr.: Mr. President

and Members of the Medical Society of New Jersey. You may recall that at the last meeting of the State Society there were two matters referred back to the Judicial Council for adjudication, first of which was the case of Dr. Shimer, of Phillipsburg, who was tried for mal-You may recall the matter by the fact that Judge Morrow was engaged to defend him by our counsel, Mr. Wall, with the limitation of fee set at \$250, and that he subsequently demanded \$500 in excess of this. The Judicial Council felt at the time that it was an imposition and that Judge Morrow had not acted within the ethics of the legal profession; the Society took the same view, and referred the matter back to the Judicial Council for further investigation. We went minutely into every detail and phase of the case, taking not only Dr. Shimer's side of the case, but, as well, directing our attorney, Mr. Wall, to take the matter up with Judge Morrow. The statements of Judge Morrow and Dr. Shimer are diametrically opposed; Dr. Shimer claiming that he had no intimation at any time that he was to pay an excess of \$500 or any amount at all, for his defence; Judge Morrow claiming, on the contrary, that Dr. Shimer knew all along that he expected an additional fee in way of remuneration.

So that the thing boiled down, as a matter of fact, to a question of veracity between Dr. Shimer and Judge Morrow; and the council feel that that is a question which Judge Morrow and Dr. Shimer should and must settle between themselves. We also feel that the Society is legally liable for the fee, \$250, through its counsel having engaged Judge Morrow to defend Dr. Shimer; and we recommend that the Society pay this legal fee agreed upon through our counsel, Judge Wall, for the defence of Dr. Shimer.

The other matter, you will recall, was the question of the malpractice suit against Dr. Bennett, in which Dr. Hinckley appeared on the stand as an expert witness, opposing Dr. Bennett's side of the case. Dr. Bennett felt that Dr. Hinckley's conduct had been unethical—that he had acted the part of a coach, and had done so for a financial consideration, and that he, therefore, had violated medical ethics; and he. Dr. Bennett, felt further that the Judicial Council should request the expulsion of Dr. Hinckley from his county society for his conduct. The council went into that matter in detail, taking the question up

with Dr. Hinckley; and from him receiving a letter of regret, in which he acknowledged his error in the past, and expressed sincere regret that he had had anything to do with the case, claiming that he was involved in the case, in the first place, through false representations; and, having been in the case at the first trial, he was corralled at the second trial by means of a subpoena; and he made all possible amends that a man could make in the way of apologies to Dr. Bennett, to the Judicial Council and to the State Society for his action in the matter.

The letter of apology of Dr. Hinckley was referred to Dr. Bennett, who felt that the apology did not meet the case, and still demanded that the council should recommend his expulsion from his local society. The council finally took the ground that they could not go that far. It reprimanded Dr. Hinckley for his attitude in the matter, telling him he had erred badly and made a false impression on the jury by placing undue stress upon the relation of the trauma to a sarcoma developing at such a remote period. Having administered this reprimand and admonished Dr. Hinckley not to repeat the offense; and Dr. Hinckley having made admission of error and humble apology, the decision of the Judicial Council is that this being a first offense, it cannot sustain Dr. Bennett's demand for expulsion.

The President: Gentlemen, you have heard this report on these two cases. There is only one thing for the Society to do. This report is final, under the constitution, and we must accept it.

It will so stand.

Dr. Emery Marvel: I move this report be approved by the State Society.

The President: I would take the ground that it is not necessary; our constitution says that this report is final; the Society does not need to approve it, and could do nothing else; it must stand.

Dr. Norton L. Wilson: We can at least thank the Judicial Council for their very efficient work.

The President: It is moved and seconded that the Judicial Council be heartily thanked for their very efficient work this year. Carried.

The President: The report of the Committee on Publication, Dr. Wm. J. Chandler, Chairman.

Report of the Committee on Publication.
To the Medical Society of New Jersey:—

Our expenses during the year have been as follows:
Paid to Orange Pub. Co..\$2,232.68
Gratuitious reprints 42.45
Editor's salary & expenses 900.00
Expenses of the Publication
Committee 222.93
Agent's commission 12.48
Miscellaneous 8.52

bers 1,624.00

Total\$3,343.15 \$3,343.15

Net cost to the Journal to Society. \$75.91

The amounts now due from various advertisers will wipe this out and leave a considerable cash balance. In other words, if the issuing of a journal were now discontinued and the books closed on June 30, the result of the journalizing of the transactions would be a cash surplus of several hundred dollars. This is the most favorable report the committee has ever made.

Our receipts from advertising sources were one-third more than those of the previous year, which was then considered a good showing. This indicates that our advertisers appreciate your desire to patronize them. They believe that it pays to use our columns to acquaint you with their various articles of manufacture and with the advantages or opportunities they have to offer. You on the other hand, should seek to patronize them whenever you reasonably can and especially should you mention to them that you saw their advertisement in our Journal and that you believe in the principle of helping those who help you.

In this connection the committee desires to state that arrangements have been made with the A. M. A. Co-operative Medical Advertising Bureau to aid in obtaining advertisements for our columns. We have decided to refuse all advertisements which do not conform to the rules of the Council on Pharmacy of the A. M. A. This may cost us some of our old advertising friends, who may feel that they can-not comply with the requirements. This is a matter of regret to us, but we have resolved to take this course because of the principle in-Our income may be somewhat devolved. creased for a time, but ultimately we will be largely the gainers and we shall have in addition, at any event, the satisfaction of "practising what we preach." We shall hereafter admit nothing in our advertising columns, which is not, in the opinion of the committee, presented in proper form, which makes unsubstantiated claims, or which is not thoroughly reliable and wholly worthy of presentation to the medical profession of New Jersey.

We have several times in the past suggested a change in the size of the type page of our Journal. The Co-operative Medical Bureau is very desirous that we should use a larger page. At present our page is midway between the smaller and the larger size of page used by

most of the State Journals. There are some advantages and some disadvantages in a change of the size of the Journal, and it would not be advisable in any event to make any change until the end of the present volume that is, until after the issue of the December number. The committee would recommend that you place the matter in its hands for consideration with authority to make a change if it should be deemed advisable.

Our Editor, as you know, is seeking in every possible manner to make the Journal better, more interesting, valuable and indispensable to you each year. How well he succeeds is shown by the greater interest taken in the different departments of the Journal-Original Papers, Personal Notes, County Society Reports, etc. Some of the papers are of such great and general importance that extra copies of them are sent for by readers in vari-

ous parts of the country.

We cannot close this report without again reminding you of the advantages of being a personal subscriber to the Journal. A medical defense is given only to those members who are also subscribers to the Journal. It is not given to members who do not pay the dollar for their subscription. It is not given to delinquent members for any suit involving the period of delinquency. It seems, therefore, the grossest neglect for any member to neglect to pay his assessment on or before January 1st of each and every year, and at the same time to include a subscription to the Journal for the ensuing year. Those who do not pay become delinquents, and are liable to fail to receive their Journals during the period of their delinquency, and are also debarred from the benefits of a medical defense connected with this same period.

E. J. Ill. A. A. Strasser, W. J. Chandler, D. C. English, T. N. Gray, Committee on Publication.

The President: Gentlemen, what your pleasure?

Moved that the report be accepted. Dr. Chandler: I move that the recommendations be adopted.

The President: Will you include that? Prior Mover: Yes, sir.

The President: Moved and seconded that the report be received and the recommendations be adopted. Carried.

The President: The Report of the Committee on Legislation, Henry B. Costill, Chairman.

Dr. Costill: Mr. President and Members. the Legislative Committee submit the following report:

Report of the Committee on Legislation.

June 15th, 1915.

Mr. President and Members of the Medical Society of New Jersey:-

Your Legislative Committee respectfully submits the following report:

At the last meeting of the Society you directed this committee to prepare and introduce into the New Jersey Legislature a bill having for its purpose the reorganization of the State Board of Health and appropriated a certain amount of money for that purpose.

Your committee prepared such a bill along the lines which we believed would meet the ideas of the profession. In this bill we followed very closely the new Massachusetts law which is the latest law on State health organization. But, as soon as the Legislature convened, we found that the Economy and Efficiency Committee of the Legislature had also prepared a bill having for its object, the re-organization of the State Board of Health. Your committee believed it would be unwise to introduce an antagonistic bill, particularly as the Economy and Efficiency bill had been made a party measure by the majority party of the Legislature. We secured a conference with the Economy and Efficency Committee, at which conference your committee had the valuable assistance of our President, Dr. Gray, and Dr. Henry Spence, of Jersey City. At this conference the Economy and Efficiency Committee agreed to adopt, in their bill, certain features from the bill which your committee had prepared. The result was, the bill that passed the Legislature and is the present law.

While this bill is not exactly what we would like to have had, still, under the conditions it is the best we could secure, it has many valuable features, and is far in advance of the

present condition of affairs.

The bill known as Senate No. 154, the socalled Medical Bill, is probably the most important and far reaching of all medical legislation that has been passed in recent years. This bill was prepared under the direction of the State Board of Medical Examiners.

The salient features of the bill are:

1. The better and more comprehensive definition of the practice of medicine.

2. The increase in the preliminary educational requirements, increasing those requirements finally to two collegiate years, the addition of a hospital year following graduation from a medical school, and the more simple legal facilities for the prosecution of irregu-

This last feature I would particuarly call attention to. It will be found in Section 7 of the present law and provides that any person violating this law is liable to a penalty of two hundred dollars for a first offense and five hundred dollars for a second and each subsequent offense. The penalty may be collected by a proceeding in any District Court or Common Pleas Court instituted by the State Board of Medical Examiners. If the evidence is furnished by any incorporated medical society, one-half of the penalty collected shall be paid to such society. This obviates the necessity for action either by the Grand Jury or the County Prosecutor, and provides a proceeding which is considered more certain and expeditious than the criminal action under the old law. It is well for each member to carefully read this section and become familiar with it.

Your committee would call attention to another bill which was passed, and which probably some of the members could not understand why your committee allowed such a bill to be passed. The bill I refer to is known as Assembly Bill No. 237 and is called the Osteo-

This bill allowed certain osteopathic Bill. paths who had been practising in this State, and had a residence in this State for one year prior to the passage of the Osteopathic Bill in 1913 to continue the practice without having taken an examination.

The explanation of this bill is that when the Osteopathic Bill which was passed in 1913 was drawn, it provided that all osteopaths who had been in this State as residents for one year prior to the passage of this act, should be given registration. One faction of the osteopaths were able to secure an amendment to that bill which provided that the osteopathic member of the board should pass upon all applications, which meant that he would recognize, and did recognize, graduates from his own school and those affiliated therewith, and the graduates of the opposing schools were turned down. This your committee has always looked upon as unfair, and have always felt that some day it would be changed and when this bill was introduced into the last Legislature for that purpose, we took no active interest opposing it and allowed it to become a law, feeling it was merely a matter of justice.

There were various other bills of interest to the profession introduced into the Legislature: the chiropractice bill, two druggist's therapy bills, a bill allowing children to attend public schools without being vaccinated, a bill providing that the only educational requirements for the entrance into any of the professions should be that of a common public school education. We are very glad to be able to report that these last named bills were never seen outside of the committee, but it only shows what dangerous material will get into a legislature, and it leads to the suggestion that your committee would make for the purpose of securing not only better legisla-tion, but for preventing bad legislation, and that suggestion is that the State Society request each component society to appoint a Legislative Committee of not less than three members to co-operate with the Legislative Committee of the State Society, and that this committee be authorized to secure the services of a stenographer during the session of the Legislature, and be authorized to have drawn whatever bills would seem necessary for the test interests of the profession.

We cannot close this report without giving credit for valuable assistance received in our

work during the past winter.

Our President, Dr. Gray, was always at the call of your committee, and rendered it most valuable assistance and advice. We received more co-operation from the component societies than ever before (although this was

not very great). In the Legislature we never could have secured the passage of the bills we did, had it not been for the assistance of Drs. Barber and Ramsey in the Senate, and Messrs. Mutchler and Martin in the House. These men, with the co-operation of the Secretary of the State Board of Medical Examiners, Dr. Norton, rendered valuable assistance in securing our present medical legislation.

We feel that this Society is very greatly indebted to them for their co-operation.

Respectfully submitted,

Henry B. Costill, Chairman.

The President: Gentlemen, you have heard this report; what is your pleasure in regard to it?

Dr. Livingood: I move the report be accepted and the recommendations be adopted. Seconded and carried.

The President: Gentlemen, this very vital question upon which we have just had the report, has been so admirably handled this past year that the Chair would like to entertain a motion of thanks to the committee for the work they have done.

A Member: I make such a motion. Sec-

The President: Moved and seconded that the Society render a vote of thanks to the Committee on Legislation for the work they have done the past year. All in favor signify it by rising.

Unanimously carried by rising vote.

The President: The report of the Committee on Hygiene and Sanitation, Dr. Gordon K. Dickinson, Chairman.

Dr. Dickinson: Mr. President and Fellow Members. Our committee has tried to meet several times during the year, and failed; because we are a scattered committee. It would have been of great value to us as a committee, and perhaps to the Society in the result, if we could have reached places for which the meetings were Nevertheless, we had a small meeting here to-day; and we have a report, in the form of a resolution.

Whereas, We, the members of The Medical Society of New Jersey, in full recollection of its years of work for the passage of a sufficient and up-to-date State Board of Health act, and the rumor having come to it that undue strong, persistent, political influence is being exerted to subvert its greatest efficiency, by the demand for the appointment as Health Officer of one who is not a trained sanitarian; therefore be it

Resolved, That we, the members of the State Medical Society in session, call upon the members of the new State Board of Health to rid themselves of all political shackles and to stand out as men and as those interested in competent sanitation, in the selection of a Director of Health, and we furthermore strong-ly protest against the use of any political influence that would interfere with their selec-

G. K. Dickinson, Chairman.

The President: Do you move the resolution, Dr. Dickinson?

Dr. Dickinson: We as a committee move Seconded.

The President: Moved by the committee and seconded, that this resolution be adopted. Carried.

Dr. Johnson: Mr. Chairman, that carries with it, I suppose, the presentation to the State Board of Health, individually, of copies of this resolution.

The President: I think that it would be well to incorporate under a separate motion that a copy be sent to each member of the newly appointed Board of Health.

So moved by Dr. Wilson and seconded.

The President: Moved and seconded that a copy of this resolution be sent to each member of the reorganized Board of Health of New Jersey.

Dr. Wilson: And to the Governor.

The President: If there is no objections that will be incorporated in this motion. Are you ready for this question? Motion carried.

Report of the Committee on Public Health Education.

The Secretary: I move that this be post-poned until the afternoon.

The President: The report of the Committee on Honorary Membership, Luther M. Halsey. Dr. Halsey not being present this report will be deferred.

Report of Special Committees. The 150th Anniversary, Dr. David C. English,

Chairman.

Dr. English: The committee will give an outline report. I have been doing the work of two men during the last week and have not been able to get the report exactly in shape, and perhaps it was better not to have it, as I can make some explanatory

notes as I go along.

We are deeply conscious of the responsibility that rests upon the committee to make this memorable occasion one worthy of the age attained by our Society and the distinguished services it has rendered to the profession, the State and to humanity, and a great deal of time and thought has been given by the members of the committee to this matter; and while our plans may be somewhat changed during the year intervening between now and the contemplated celebration, we present, as the Society last year ordered, a preliminary report, giving an outline program as unanimously agreed upon by the committee at a meeting held last week, at which all the members were present except Dr. Marcy (en route for Honolulu), including President Gray and Secretary Gray, ex-officio members, as follows:

That we meet next year the same week in which we are meeting this year, in June. That the first meeting of the Society be in the city of New Brunswick. It has been the unanimous judgment, not only of the committee but of all whom we have consulted outside, as it was the unanimous vote of the Society at the centennial fifty years ago, that the Society having been organized in New Brunswick, the only place to hold that celebration was the city of New Brunswick; but we suggest that the first day's meeting only be held in the city of New Brunswick and be called "Founders" Day." The regular meeting of the House of Delegates being held in the morning of Tuesday, and the afternoon meeting being a General Session with some addresses. We have made tentative arrangements with the Pennsylvania Railroad to have a special train at 5 o'clock to take the delegates to Spring Lake, arriving within one hour; that the dinner be held at 7.30 that evening, followed in the dining room by a meeting at which we will hear the President's Address and addresses from the presidents of State medical societies who will be invited to attend our 150th anniversary.

Every State society will be invited to send its president; as this Society is the oldest society in the country, the mother of societies; and it is eminently proper that they should be there. On that first day it is the pleasure of the Middlesex County Society to perform a very pleasant duty, which it never has performed, and I believe never has been performed in this State; that of entertaining the entire State Medical Society at luncheon that noon at New Brunswick. The session, as I have already stated, of the evening, will be at Spring Lake. One very important reason why we cannot hold all the sessions at New Brunswick is, we have not the accommodation there for one-quarter of the delegates and guests that we expect; for we are counting on at least 800 or 1,000 to attend our annual meeting next year. have made partial arrangements with the managers of the New Monmouth and Essex and Sussex hotels to unite in accommodating all we have in attendance, even if it runs up as high as a thousand, at that meeting.

The second day's session will be a General Session in the morning, as usual, with the Third Vice-President's address, the reception of delegates from other societies and the Oration in Medicine. In the afternoon there will be the usual meeting of the House of Delegates, followed by a General Session at which the Oration in

Surgery will be delivered. In the evening we will have our annual banquet, at which we expect to have present—we shall invite them anyhow—the President of the United States. He was the Governor of this State and is interested in New Jersey and we are interested in him as our repre-We shall invite Governor sentative. Fielder; also President Demarest of Rutger's College. It is a singular coincidence that next year, in June, Rutgers College celebrates its 150th anniversary as we celebrate our 150th anniversary; and we shall form very friendly relations with that college in connection with our annual meeting next year.

We shall invite also Dr. John B. Murphy, Dr. G. W. Crile, Dr. W. J. Mayo, Dr. M. H. Fischer, Dr. R. C. Cabot, Dr. J. C. Bloodgood, the President of the American Medical Association; a representative of the law and of the clergy; the President of the Senate of New Jersey; the Speaker of the Assembly of New Jersey; with Drs. Biggs and Dixon, Health Commissioners of

New York and Philidelphia.

The third and last day of the annual meeting will be called County Medical Societies' Day. The morning session will be designated County Societies' Centennial Session, as five counties—Essex, Middlesex, Monmouth, Morris and Somerset will celebrate their centennials next year. Each of those societies will be given half an hour in which to set forth historical or other matter as they shall deem best. In the afternoon there will be addresses on the county society's place and work in the development of the profession's thorough

organization and highest efficiency.

We recommend the nomination this year of honorary members. We have now four places to fill, there may be possibly more as we do not know what the next year may bring forth. We are limited to 15; we now have 11. We present certain names, which we recommend be referred to the Committee on Honorary Membership; and the gentlemen who honor us with their presence, will be selected as the ones on whom we will confer the honor of honorary membership. We are sorry we cannot elect them all; but the constitution limits us. The names are these: Drs. R. C. Cabot, John B. Murphy, George W. Crile, William J. Mayo, General Gorgas, General Leonard Wood; the President of the American Medical Associations and Dr. John B. Deaer, of Philadelphia.

We recommend further, that the Jour-

nal of the Society for June and July, 1916, be illustrated and enlarged to 100 pages. The June number will give a number of illustrations and the July number will give a lengthy account, of course, of our celebration.

We further recommend that \$250 be appropriated toward the expenses and paid over to Dr. E. J. Marsh, treasurer of the committee. The committee organized by the election of Dr. Marsh, of Paterson, as treasurer and Dr. Edward Guion, of At-

lantic City, as secretary.

We shall be glad to have a full expression from the members of the Society on any phase of this tentative program. I call attention to the fact, again, it is a tentative program; may require some changing. We shall also be glad to receive at any time during the year, suggestions from members of the Society; and it is our purpose to submit the fuller program, as prepared by your committee, for the consideration and action of the Board of Trustees, before it is finally printed and distributed to our members the first of June next year.

The President: Gentlemen, what is your pleasure with regard to this very valuable

report?

A motion offered that it be received and

its recommendations adopted.

The President: Moved and seconded that this report be received and its recommendations adopted. Carried.

Dr. English: I would say that your committee is very anxious to have any suggestions from any member of the Society. We want to make this a magnificent success, and you must give us the help of your suggestions.

The President: Report of the Special Committee on Education of Public on Medical Legislation. We will listen to the re-

port.

Dr. Tracy asked for the postponement of the report until the arrival of Dr. Spence.

The President: It will be deferred until the arrival of Dr. Spence; and we will now hear the report of Special Committee on Status of Hospitals, Dr. John C. McCoy, Chairman.

Dr. McCoy: It might be well to state, for the information of those members who were not here at the meeting last year when this committee was appointed, for what purpose this committee was appointed.

In 1913 the A. M. A. took up the matter of the standardizing of hospitals, and as a first step appointed a committee of three in

each State to gather certain data from the hospitals in that State. This committee was appointed in the spring of 1914. At our annual meeting the following June was held a symposium on hospitals, and out of this, together with the knowledge that at the coming meeting of the legislature a law requiring one year's experience in a hospital, acceptable to the Board of Medical Examiners, would in probability be enacted, came the resolution creating a committee of the State Society for the same purpose, and a provision of the resolution was that the members of the A. M. A. committee should also be named as members of the State committee. As you know such a law as was mentioned was enacted to become operative July 4th, 1916.

The committee had in view the following object, and to aid them in securing these, prepared a series of questions to be presented to all the hospitals in the State, with the exception of State institutions and private hospitals. These objects, then were, first: To improve the general efficiency of the general hospitals throughout the State. Second: To procure better co-operation between the lay boards and the medical boards of the various hospitals. Third: To prepare for the proposed standardization of the A. M. A.; and, fourth: To co-operate with our State Board of Medical Examiners for the purpose of aiding them in accordance with the provisions of the medical act passed by the last legislature.

Members of this committee, Mr. President and Gentlemen, have visited during the year, some fifty-three hospitals throughout the State of New Jersey; the work being done in pairs. As stated, we prepared a set of questions to be presented to the hospitals; in most instances the answers to these were filled out on the ground, by the men who made the visits. We went into the financial condition of the hospital, the general management of the hospital; the co-operation between the medical departments of the hospital; the spirit existing in the hospital as far as the medical departments were concerned; the co-operation that existed, or the relationships which existed, between the managerial element and the staff; the physical conditions of the hospital so far as cleanliness concerned, equipment, etc. amount of work has been stupendous, and we have only recently gotten a part of our material together.

We have covered the ground completely; but we feel that at the present time we simply have such material as will form a working basis with which to go on with this work; and we believe that if the line of work which has been laid out by the committee can be followed out, it will result in greater efficiency in the hospital service throughout the State; the saving of considerable money in the financial conduction of the hospitals, and a decidedly better attitude as far as scientific data is concerned; for we have found throughout the State that one of the most important matters in relation to the care of patients, that of following up of cases, has been, in almost every instance, evidenced by its absence.

We believe that the committee can cooperate not only with the board of managers, but with the medical staffs; and at this time, as I have stated, we feel that we can simply report that we have obtained sufficient material to make a working basis for future work. We wish to thank at this time for myself and the members of the committee, hospital authorities for the hearty co-operation which has been evidenced in every hospital which we visited, Catholic, Protestant or Jewish, and incidentally I want to say we felt that in the Catholic institutions, particularly, we would probably find many obstacles to overcome, particularly when the questions investigated their financial conditions as to the cost per patient per diem and other items along that line. In almost every instance we have found the heartiest of co-operation, and an endeavor to assist the committee in every possible manner.

We also wish to thank the members of the medical staffs of the various hospitals which we have visited, for their hearty cooperation in laying before the committee all of the material and all of their short-

comings.

Dr. Wilson: I move you this report be received, and the committee continued for another year. Seconded.

The President: Moved and seconded this report be received, and the committee continued for another year. Carried.

The President: As one who knows somewhat of the immense amount of work accomplished by this committee, the Chair feels anxious to entertain a motion of thanks for their work so far done.

Dr. Wilson: I move the thanks of the Society be extended to the committee.

Carried

The President: We will next listen to the report of the Committee on Prize Essay, Dr. Britton D. Evans, Chairman. Is Dr. Evans present? The report will be deferred.

The report of the Committee on Business, Dr. William J. Arlitz, Chairman. Is Dr. Arlitz present? This will also be deferred.

Now comes the question of action on an amendment, which was offered last year and is due for action at the present time. The amendment is to Art. VI. of the constitution. "Strike out the word 'and' after secretary; add the words 'and corresponding secretary' after the word treasurer." This section in question has reference to the makeup of the Board of Trustees, and the correction simply places the corresponding secretary on the Board of Trustees. I will entertain a motion for the enaction of this amendment.

Dr. English: I move that this amendment be adopted. It seems eminently proper. Every other officer is on the board but the Corresponding Secretary; I don't think we should make that discrimination. Second-

The President: Moved and seconded that the amendment be adopted. Carried.

The President: Is there any unfinished business? The Secretary informs us there is no unfinished business. We come to miscellaneous business.

The Secretary: I have this communication from the American Medical Association.

Dr. Thos. N. Gray,

East Orange, New Jersey.

Dear Dr. Gray:-

At the annual meeting of the American Medical Association held at Atlantic City in June, the House of Delegates adopted the report of the Reference Committee on Legislation and Political Action to which the report of the Council on Health and Public Instruction and its sub-committees had been referred. In this report of the Reference Committee appeared a reaffirmation of the resolution adopted last year at Minneapolis, instructing all councils and committees of the association in carrying on any work within the jurisdiction of State associations to work through the State associations and through committees appointed by them rather than through independent committees. The council is anxious to conform to the instructions of the House of Delegates on this subject.

In developing the work of the Committee on Conservation of Vision during the past year, Dr. Frank Allport, the chairman of this committee, asked Dr. C. F. Adams of your State association to look after the development of public addresses on conservation of vision in your State. This was not intended as a committee appointment, but was done simply in order to have someone in the State who would give especial attention to this subject. I have notified Dr. Allport that all work

of this sort must hereafter be done through committees or chairman appointed by the State Society. Dr. Adams has shown himself deeply interested in this work and will be glad to continue it. In order to comply with the instructions of the House of Delegates without losing Dr. Adams' services and experience, I am writing to ask whether it would be possible to have Dr. Adams officially designated by your State association to look after this work in your State during the coming year. Hereafter we will refer all such matters to you as Secretary of the State Society, asking to have appointments made in accordance with the by-laws of your State association. If you can arrange to have Dr. Adams' appointment confirmed for the coming year, it will greatly facilitate the work of the council and of the Committee.

Very truly yours,
Frederick R. Green, Secretary,
Council on Health and Public Instruction.

I brought this matter before the Board of Trustees, and they confirmed the appointment of Dr. C. F. Adams to act up to the time of the meeting of this year. I move that Dr. Adams be appointed as New Jersey's representative on the A. M. A. Committee on Public Addresses on Conservation of Vision.

The President: You have heard the mo-

tion and second. Carried.

The President: Any further miscellan-

eous business?

Dr. Dickinson: As an avocation, aside from my regular professional work, I have been interested in tuberculosis. Recently I wrote a paper (which came out in the last number of our State Journal) on the subject; because my eyes had been opened to the intense ignorance of myself and, too I think, of most of the profession on this matter. I find that for a hundred years it had been known that tuberculosis begins, practically, always in childhood; that it is almost impossible, as they say in Vienna, for a grownup to get a sufficiently massive dose of sputum into his chest to produce phthisis. It is also a rare thing for a man to escape in childhood so as not to carry it through life. The problem narrows down, as has apparently been demonstrated, to the protection of the child, and when we know the immense amount of tuberculosis; when we know the number of people that are prevented from making a living and caring for their families and from doing other duties because of exposure in childhood, it is up to us to do something to protect; and I feel that this State Society could do nothing better than to appoint a committee to look into the matter of tuberculosis in childhood, to report on it at our next meeting, and advise as to the value

of sanatoria for children; children who have been exposed and children who have tuberculosis of some type or other. I move the appointment of such a committee. Seconded.

The President: Moved and seconded that a special committee be appointed to take into consideration the question bearing on the tubercle bacilli entree into life, as you may say, in childhood, and to report their findings at the next annual session. All in favor of this motion signify it by saying aye. Carried.

What is your suggestion, Dr. Dickinson, as to the size of the committee?

Dr. Dickinson: Five; Dr. T. N. Gray,

as a Pediatrist, to be chairman.

Dr. T. N. Gray: It will be impossible for me to act as chairman of this committee and do justice to the work it will have to

The President: Suppose you leave the naming of a chairman to the President.*

Dr. Strock: I wish to present an amendment to Chapter VIII., Section 2, of the by-laws relating to the councilors.

To give you the connection so that the reason for the amendment may be clear, I will read a few words of the Section. After defining the councilors, it says: "The councilors shall consider all questions involving the rights of members, whether in relation to each other, to members of other societies, or to members of this Society." Then it goes on to say: "All questions of an ethical nature and excuses from permanent delegates shall be referred to this council without discussion." Next sentence is: "It shall hear and decide all questions of discipline affecting the conduct of members, and shall decide all appeals taken from the decision of the individual councilor." Following is the amendment:

"Provided, all questions of an ethical nature and all questions of discipline affecting members shall first be considered by the board of censors of the component society of which the accused is a member. The decision of the council, in all such cases, shall be final."

This is not the place, nor the time, to discuss what is meant by this, Mr. President, but it has always seemed to me that it is improper to begin the proceedings in the Board of Councilors. We do not go to the Court of Errors and Appeals to begin

*The President appointed on this committee Gordon K. Dickinson, chairman, Jersey City; John A. Runnels, Plainfield; J. Finley Bell, Englewood; Berthold S. Pollak, Jersey City; Thomas N. Gray, East Orange. our litigation, as this is the court of final resort. The councilors are the court of final resort; and it is proper that this Society, which is the judge of its own membership, shall also decide the rules of conduct. This, in a few words, is the intent of the amendment.

The President: This is offered on first reading and will come up for second reading and final action to-morrow afternoon.

Dr. Strock offered the following resolution:

Resolved, That the Committee on Legislation be instructed to prepare a bill providing for the exemption of physicians of this State from giving testimony in court revealing the confidences of patients, unless the patient consents to the revelation of such confidences, and endeavor to have such statute enacted by the Legislature to meet in January, 1916.

The President: You move the resolution, do you?

Dr. Strock: Yes, sir.

The President: Is it seconded. It is moved and seconded that the resolution you have just heard read be adopted. Are there any remarks?

Dr. Strock: I have a definite view in making such a motion to-day. In 1901, I had the honor to present a paper to this Society entitled, "A Plea for the Physician on the Witness Stand." Following the reading of the paper, the subject was referred to the Legislative Committee, and it was instructed to endeavor to have such a law as was embodied in that paper, enacted. A bill was drawn up and presented to the Legislature. It failed to pass, simply because the lawyers said: "This will interfere with our business. It will interfere with our conduct of damage cases," and so on; and the lawyers evidently were in the majority, and it failed.

We had a meeting of the Camden County Medical Society last winter, and Senator William T. Read was present; and on that occasion someone spoke about the subject that I am just now discussing and referred to my connection with the matter. Senator evidently misunderstood, and supposed that there was an expectation at that time to present a bill to the Legislature; because I met him on the street one day last week, and as we bowed and spoke to each other, as he went by, I got a short distance away and he called to me, and said: "Doctor, I thought you was going to have a bill presented, bearing on the confidence between patients and doctors, before the last Legislature"? I said: "No, there was no expectation, as far as I know. of anything of that kind." "Well," he I said: "We will consider the said, "do it."

matter for next year."

Now, you know, Senator Read is one of our influential Senators; he is a man who has wielded a great influence in past Legislatures and has been spoken of as a possible future Governor of this State; and if he furthers a thing of this kind, the chances are it will be successful. I need not tell you how important it is to doctors to have some protection on the witness As it is now, we have not a particle. The most intimate privacy of the patient will and can be referred to in court; there is no help for it; no judge can save us. As was the case in 1901, soon after the presentation of the paper I read before this Society, Dr. W. A. Davis, who is now dead, had to reveal the fact that a female patient of his had gonorrhoea. Vice-Chancelor Gray, living at that time, refused to exempt him from giving the testimony called for by the attorney. Other physicians of this State have had similar humiliating experience, and so it will be with any of us until such a law is enacted. The time has come when we should seriously consider this matter.

This Society heard a paper on this same subject two years ago, it being a third vicepresident's address. Although the author of that address failed to give me credit for initiative in presenting this subject to the attention of the profession of the State, yet I cheerfully acknowledge the excellence of that address, and realize that it should revive interest in this subject, if we have forgotten what was previously said and therefore move, Mr. President, that the Legislative Committee be instructed to endeavor

to have such law enacted.

The President: Any further remarks on this resolution?

Dr. Chandler: I second the motion. It is a matter of great importance to the physicians of New Jersey; a number of States have such a law of privileged communications; and it is very desirable that we should have a similar law. It has been opposed by the lawyers for personal reasons.

The President: If there are no further remarks, all in favor signify by saying aye;

contrary, no. Carried.

The President: Dr. Rector wishes to of-

fer an amendment to the by-laws.

Dr. Rector: I propose this amendment to the by-laws, to be read for its first time at this session.

Amendment to Chapter V., Section 2 of the

By-Laws: Line 2, after the word, "ask," add the words, "All the Fellows of the Society present and all the Delegates present." Line 3, after the word, "meet," add the word, "respectfully." Line 4, after the word "elect," add the words, "one from their respective numbers to be a member of." Line 7, after the word "members," strike out the words "together with the Fellows."

Section 2 as amended, shall read: "On the first day of the annual meeting, the President shall ask all the Fellows of the Society present and all delegates present from each component society to meet respectively at the close of the first session to elect one from their respective numbers to be a member of the Nominating Committee and to notify the Recording Secretary of the members so elected, and these members shall constitute the Nominating Committee, etc."

Dr. Johnson: How many would that make?

Dr. Rector: That will make one member from each county, and one member from the Fellows, equalizing the Committee on Nominations. I will speak upon the amendment at its second reading.

The President: The amendment is of-

fered for its first reading.

Dr. Johnson: Twenty-two members in the Nominating Committee altogether your amendment would make it?

Dr. Rector: Yes, sir.

The President: Any further miscellaneous business?

The Chair would announce two appointments as annual delegates. Annual Delegate James P. Merrill, of Passaic County, being absent. I have been requested by the representatives of that society to appoint Dr. Frank J. Keller, as alternate. The appointment is hereby made

From Atlantic County there is a vacancy in the annual delegate list, and I have been requested by that society to appoint Dr. W.

H. Schmidt, whom I do appoint.

As you know, the custom is, immediately after the adjournment of this session, for the various county delegations to get together and select a member for the Nominating Committee. The Nominating Committee will meet at 5 o'clock this afternoon in the side room just off the rotunda, and have their report ready for to-morrow afternoon.

I would announce, also, that a special demonstration, that could not be worked in on the program, on account of the program having been closed some months ago, will be given to those who may be interested in the subject, in the small dining room—the private dining room off the veranda. This is a demonstration of the work that Dr. Seymour Oppenheimer, of New York, has been doing along the line of immunizing against what he calls pollinosis. He will tell you all about it; and I understand he has some patients to demonstrate the work upon. I left it optional with Dr. Oppenheimer as to the hour, and he has selected between 2 and 3 o'clock to-day. That hour will give an opportunity to witness the demonstration between luncheon and the hour for the afternoon session.

There will also be a demonstration given by 'a representative of Dr. Beebe, of New York, to-morrow at about the same hour.

I wish to thank the members of the House of Delegates, and all others who have taken part in this morning's session; for the close attention they have given; the lack of disturbance and noise of any kind; and I am asked by the Chairman of the Committee on Arrangements to say to you that while the hotel did their best this morning to permit you to enjoy a smoke here, it turned out that the accommodations for taking care of the ashes are not enough, and cannot be provided sufficiently for all of you; and as a consequence the ashes are being ground into this waxed floor. The management, therefore, respectfully ask. you not to smoke hereafter.

Dr. Schauffler: The exhibitors are downstairs and ask that some time during the day every delegate will try and get down and let them talk to you, and show what

they have.

The Secretary: I would like to make the announcement that if the county delegations will get together at once and name their nominee for the Nominating Committee, I will remain here for one-half hour to receive the names.

Adjourned.

3 to 4 P. M.

MEETING OF THE HOUSE OF DELEGATES. The President called the meeting to order at 3.04 P. M.

The President: Rev. E. E. Matthews

will now offer the invocation.

Rev. E. E. Matthews: Our Heavenly Father, we come before Thee at this time to thank Thee for Thine infinite mercies to us in all our lives; for our creation, peservation and all the blessing of this life; for our being, our reason, and all of the other faculties and endowments of life; for our friends, food, raiment, and all the comforts and conveniences of life. We thank Thee, also, our Heavenly Father, for this great work represented here to-day; for the labors of these Thy servants in minis-

tering to the sick, the suffering; for the ideals and the conditions of life which are represented here in this gathering; for the help which has gone out and which is going out to those who need; for the interest in human welfare, for those who are in dark and desolate places and hard conditions. We thank Thee, our heavenly Father, for all this blessed work. We pray that Thou wilt strengthen, increase and multiply it here; that Thy blessing may rest upon these, Thy servants to-day in this gathering and that Thou wilt be with them, and that Thy guidance may be given to them; show them the way in which Thou wouldst have them go; strengthen them and increase them in their skill; and give them wisdom in this work for Thy children.

We pray Thee that Thou wilt bless those in far-away lands who are suffering; that Thou wilt comfort those who are suffering and striken in those distant lands; that Thou wilt support the dying, and that Thy blessing may rest upon those who are working to bring peace to the nations of the world; that Thou wilt set bounds beyond which the war may not pass and in Thy time Thou wilt hasten and bless the efforts which are made to bring the blessing of peace, to all Thy children in the world.

And now, we pray Thee that Thou wilt bless those who are united in this gathering; may Thy blessing be here this afternoon; and may Thy help and strength be given here so that men may know that the work which is represented here to-day is Thy work, and that it knows no boundaries, and that it is done in the name of Him who went about doing good. We pray Thee that Thou wilt bless us, and hear us in our prayers; let the words of our lips and the meditation of our hearts be acceptable in Thy sight, O Lord. our strength and our redeemer. Bless us, O Lord, in all our doings, with Thy most gracious favor; and uphold us with they continual help in all our works begun, continued and ended in Thee, that we may glorify Thy Holy Name and finally, by Thy mercy, obtain everlasting life through Jesus Christ, our Lord.

The President: The Address of Welcome will be delivered by Dr. S. A. Knight.

Dr. S. A. Knight: It gives me great pleasure, in the unfortunate absence of the Mayor, to welcome you again to Spring Lake. The fact that you gentlemen have seen fit to come to our town the third or

fourth time, I believe, makes it appear to us that you like it. We are glad to have you here. Being a member of the Society myself, I feel peculiarly gratified to have you all with us; and I think that no better advertisement of the town can be had than to have so distinguished a gathering come to it. We have a number of gentlemen here representing the State Pharmaceutical Society; we expect some other organizations here this fall, and by these means hope to disseminate the knowledge of what a good town we have here. I hope you will have a pleasant visit, and, ask that all delegates will see the representations of exhibitors having exhibits in the hotel.

The President: The Chair will announce a few changes in county delegations. R. H. Rogers and F. B. Lane will be alternates for F. C. Webner and H. B. Whitehorne, of Essex. G. N. J. Sommer and J. J. McGuire as alternate delegates from Mercer. The request does not say in place of whom.

Dr. Costill: They were to be in the place of C. J. Craythorn and E. S. Hawke, but Dr. Hawke has since arrived; so that it will not be necessary to appoint Dr. McGuire.

The President: Simply, then, G. N. J. Sommer in the place of C.J. Craythorne.

Will the Secretary announce the list of members of the Nominating Committee?

The Secretary: I have no nominee from Middlesex County. Is there any representative from Cape May?

A Member: Dr. Clarence W. Way is the member of the Nominating Committee from Cape May.

The President: Can anyone inform us as to the member from Middlesex County?

Dr. D. C. English: I am informed that Dr. L. Y. Lippincott has been selected.

The Secretary: Following are the members of the Nominating Committee:

Atlantic, Edward Guion; Bergen, G. H. McFadden; Burlington, M. W. Newcombe; Camden, Alex. McAlister; Cape May, C. W. Way; Cumberland, S. T. Day; Essex, Carl E. Sutphen; Gloucester, H. A. Stout; Hudson, A. P. Hasking; Hunterdon, G. N. Best; Mercer, H. B. Costill; Middlesex, L. Y. Lippincott; Monmouth, Edwin Field; Morris, A. E. Carpenter; Ocean, V. M. Disbrow or W. G. Schauffler; Passaic, Franklin J. Keller; Salem, John J. Smith; Somerset, David F. Weeks; Sussex, H. D. Van Gaasbeek; Union, Jos. B. Harrison; Warren, F. J. La Riew.

The President: That brings us to unfinished business, and we will call for a few reports which were deferred from this morning on account of the chairmen of committees being absent.

I will take this occasion to again remind you that the hotel management requests that there be no smoking during these meetings. The ashes spoil the floor.

Report of the Committee on Public Health Education, Maria M. Vinton,

Chairman.

Dr. Vinton: Mr. President and Members of the State Medical Society.

Report of the Committee on Public Health Education.

Mr. President and Delegates of the Medical Society of New Jersey:—

I have the honor to present to you the following report of the work of the Committee

on Public Health Education:
The outlook for the work of Public Health
Education in New Jersey is somewhat discouraging. This committee organized in November, and held its first meeting in Newark,

three of the six members being present.

A very efficient secretary of the committee in Dr. Emma C. Clark, of Dover, was elected. The president and trustees of the State Society were communicated with, and expenses up to the amount of \$15 were allowed to the committee, of which about five dollars have been used for stationary and postage.

Owing to the distance from one another of the members, it was decided to portion out the counties among the members, and to ask each member to visit a certain number of county societies personally, asking the societies to appoint co-operative committees on Public Health Education. The counties were divided as follows:

Joseph Stokes—Atlantic, Cape May, Cumberland and Salem. Emma O. Richardson—Camden, Gloucester, Burlington and Ocean. F. W. Flagg—Monmouth, Middlesex and Mercer. M. M. Vinton—Somerset, Hunterdon and Bergen. Emma C. Clark—Morris, Sussex and Warren. F. W. Pinneo—Hudson, Union, Passaic and Essex.

Let us look at the results of the year's work as presented by the secretary. Each county society was communicated with by her, with reference to the appointment and work of its Public Health Committee. Out of 21 counties 14 only answered her letters. No committee was appointed in the following counties: Hudson, Passaic, Union, Bergen, Burlington, Middlesex, Ocean, Monmouth and Mercer. In the following counties a committee was appointed, but reported no work: Cumberland and Cape May. Somerset has had a committee for some years, but this year reports no work.

The two active counties continue to be Morris and Essex. Thus, southern and central New Jersey have not yet entered into Public Health Education work, while north Jersey in part is at work. Co-operation with this committee has not yet begun in most of the county societies. In many of them our work is confused with that of the Committee on Public Health and Legislation. Our work is purely educational for the public, theirs has to do with improvement in the health laws. In several counties work has been undertaken by the Committee on Public Health and Legislation which properly belongs to the Public

Health Education Committee. In the meantime work is needed, and would be co-operated in by the Mothers' Congress, through the Home and School Associations, by the Civic Clubs, and the Labor Organizations. To show you what our work consists in, and incite you to emulation, I will cite the reports of Morris and Essex counties.

Essex has been longest in the work, and has found that organizing lecture courses for new audiences is a failure. Therefore, she cooperates with the societies already formed and having ready-made audiences. Before Workingmen's Circle, Dr. Gregory Passover gave "Occupational Diseases" to 350 working

men.

Dr. Adolphus Knopf gave to the same organization "The Workingmen's Duty in the Fight Against Tuberculosis." Before the Hungarian Society, Dr. Armin Fisher gave a lecture on "Prevention of Tuberculosis."

Before the Public School Principals' Association, Dr. Ira S. Wile gave "Should Sexual Hygiene be Taught in the Public Schools." Before the Women's Aid Association the chairman gave a talk on "Child Hygiene." In churches were given by Dr. Pinneo talks on "Sexual Hygiene to Young Men and Boys." At the Y. M. C. A. Dr. Pinneo gave a lecture on "First Aid to the Injured," and Dr. Brill one on "Mental Adjustment in Adult Life."

Morris County has worked especially with the Home and School Associations. Brewster gave "The Value of Care of the Nose, Throat and Ears." Dr. W. H. Bentley, dentist, gave "Dental Hygiene." The chairman gave "Physical Defects of School Children." September the chairman gave a talk at the closing exercises of a Baby Health Contest "Milk Station Work."

In Camden Dr. Richardson gave lectures to the mothers' clubs of the Neighborhood House.

We need further co-operation by the county societies, and by the individual members of societies as lecturers. Dr. Clark requests me to urge on all school inspectors the value of urging school authorities to form Home and School Associations, that we may educate the parents in all lines of hygiene and preventive medicine.

Truly "the harvest is plentiful, but the laborers are few."

Respectfully submitted, Maria M. Vinton,

Chairman Committee for Public Health Education State of New Jersey.

The President: We have this excellent report before you now; what is your pleas-

Motion that it be received and placed on

The President: There were a few recommendations.

Dr. Vinton: Requests.

A Member: Moved that the suggestions be concurred in. Accepted by the original

The President: Moved and seconded that the report be received and the suggestions concurred in. Carried.

The President: Is the Committee on

Honorary Membership ready to report, Dr. Halsey, Chairman? Is the Committee on Education of the Public in respect to Medical Legislation, Dr. George T. Tracy, Chairman, ready to report? Is Dr. Tracy present? These two reports will again be deferred.

This brings us now to the report of the Committee on Prize Essay which was postponed, the Secretary reminds me. Is Chairman Britton D. Evans present and ready to report? Another report deferred.

Is there any more unfinished business?

The Secretary: No.

The President: Anything under the head of miscellaneous business?

The Secretary: Is Dr. Alexander Armstrong present? I have a certificate from the secretary of the State Society of Pennsylvania, stating that Dr. Armstrong is the accredited representative from that State to our meeting, and I move that he be given the privileges of the floor in the General Session. Seconded and carried.

The Secretary: Is Dr. Goodwin or Dr.

Lindsley in the house?

Dr. H. H. Davis: I wish to introduce a resolution relating to a matter which was brought up before the Society in the Address of the President, some three years ago. Members of the house are familiar with it. This is the resolution:

Resolved, That a committee of three members be appointed by the President, annually, to be known as the Publicity Committee of the Medical Society of New Jersey, whose duties shall be to supply to the newspapers of the State, from time to time, a synopsis of any transactions of the Society or papers presented or such other matter that may be of importance or interest to the general public.

I think the members understand this pretty well. It will not be necessary for me to enter into any long discussion as to why this resolution should be adopted. think the importance of it is realized by all of the members, and, without any further discussion, I pass it up to you and move that it be adopted. Seconded.

The President: You have heard the resolution that has been moved and seconded;

are there any remarks? Adopted.*

The President: Any further miscellaneous business? We are well ahead of our time; if there is any miscellaneous business that could be transacted now, rather than at some future time, we could attend to it.

This brings us up to the scientific pro-

^{*}The President appointed on this committee James Hunter, Jr., chairman; Daniel Strock, Wm. A. Wescott.

gram of the afternoon; and the first paper will be on "Bone Grafting and Arthroplasty, with Exihibition of Patients," by Dr. G. H. Sexsmith, of Bayonne. Dr. Sexsmith.

A Member suggested that the lobby be called on for members, 4 P. M. not having

arrived.

The President: We will take a recess of five minutes, in order to get in the members. I don't mean, by a recess, that we want anyone to go out. We will simply

wait here for five minutes.

The President: Give me your attention for a moment. The question arises whether we have a constitutional right to anticipate the scientific portion of this program by a half-hour. It is now half-past 3, or twenty-five minutes to 4, nearly, and we have the order of the day, here, calling for the beginning of the scientific session at 4 o'clock. I am inclined to the opinion that except by the order of the Society by vote, that we have no right to proceed with the scientific session until 4 o'clock.

Dr. McCoy: As chairman of the Scientific Committee, we arranged for a very small number of scientific articles for this session, and I sincerely hope that just as many members of the Society as possible will crowd into the room during the papers which are to be presented. It is not fair to the men who have prepared papers to call for their presentation ahead of the hour set for them. Many will want to hear Dr. Sexsmith's paper who are not now in the hotel at all, and I move that the hour be postponed until 4 o'clock.

Dr. Chambers: I protest against begin-

ning before 4 o'clock.

The President: The Chair will rule that we have no constitutional right to proceed with the scientific program until the hour set for it, and that no motion is necessary.

4 P. M.

GENERAL SESSION.

The President called the meeting to order at about 4.05 P. M. BONE GRAFTING AND ARTHROPLASTY WITH

EXHIBITION OF PATIENTS

G. H. Sexsmith, Bayonne.
Discussed by John C. McCoy; closed by
Dr. G. H. Sexsmith.

ORATION IN SURGERY; WHAT SURGERY IS

AND SHOULD BE.
Gordon K. Dickinson, Jersey City.

PYELITIS OF PREGNANCY

Nathaniel G. Price, Newark.

Discussed by M. Danzis. Discussion closed by Dr. Price.

EVERY OBSTETRICAL CASE A SURGICAL CASE Joel W. Fithian, Camden.

Discussed by T. B. Lee, Thomas N. Gray, J. Finley Bell, Maria M. Vinton, B. S. Pollak, Nathaniel G. Price, Emma M. Richardson, Sarah R. Mead. Discussion closed by Dr. Fithian.

Session adjourned, 5.45 P. M.

8.30 P. M.

GENERAL SESSION.

The President called the meeting to order and introduced Josiah H. Penniman, Vice-Provost of the University of Pennsylvania, who addressed the members.

Dr. Schauffler announced that the ladies had arranged for a bridge and five hundred

party on Wednesday at 3 P. M.

PRESIDENT'S ADDRESS -- CONSERVATION

Frank D. Gray.

ORATION IN MEDICINE: MEDICINE'S GREAT-EST CONTRIBUTION TO HUMANITY

Stewart Paton, Princeton. Session adjourned at 10.15 P. M.

Second Day, Wednesday, June 23, 1915. 10 A. M.

GENERAL SESSION.

SYMPOSIUM.

On the Diagnosis and Treatment of Mental Diseases and Allied Neuroses.

THE INSTITUTIONAL TREATMENT OF THE INSANE.

Britton D. Evans, Greystone Park.
Discussed by Enoch Hollingshead, Stewart Paton, Walter B. Johnson, Talbot R.
Chambers. Discussion closed by Dr. Evans.

THE BOARDERLAND OF THE PSYCHOSES

Christopher C. Beling, Newark.

Discussed by Frederick C. Horsford,
Stewart Paton, Wm. M. Leszynsky, Britton D. Evans, Gordon K. Dickinson, Talbot R. Chambers, E. S. Corson, H. A. Cotton. Discussion closed by Dr. Beling.

THE NEURASTHENIAS

Thomas P. Prout, Summit.
Discussed by Gordon K. Dickinson, C.
C. Beling.

EFFECT OF SYPHILIS ON THE CENTRAL NERVOUS SYSTEM

Henry A. Cotton, Trenton.
Discussed by W. J. Arlitz, Alfred L.
Ellis, Otto Lowy, Arthur P. Hasking. Discussion closed by Dr. Cotton.

The President announced that Dr. W. H.

Axford would give a demonstration at 2.15 of the Beebe-Beveridge method of treating cancer.

3 to 4 P. M.

MEETING OF THE HOUSE OF DELEGATES. The President called the meeting to order

at 3.11 p. m.

The President: The first order of business this afternoon is the report of the

Nominating Committee.

Dr. McAlister, Secretary of the Nominating Committee: The Nominating Committee met yesterday afternoon, and beg leave to make the following report:

Report of Nominating Committee. The following officers were nominated and action taken:

President-Wm. J. Chandler.

First Vice-President-Philip Marvel. Second Vice-President-Wm. G. Schauffler. Third Vice-President—T. W. Harvey. Corresponding Secretary—H. A. Stout. Recording Secretary—Thos. N. Gray.

Treasurer-Archibald Mercer.

Councilors: First District—(Sussex, Warren, Morris and Essex counties), Christopher C. Beling, Newark; Second District (Union, Bergen, Hudson and Passaic counties), Robert M. Curts, Paterson; Third District (Mercer, Middlesex, Somerset and Hunterdon counties), W. A. Clark, secretary, Trenton; Fourth District (Camden, Burlington, Ocean and Monmouth counties), Wm. H. Iszard, chairman, Camden; Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem counties), James Hunter, Jr., Westville.

Publication Committee - A. A. Strasser, 3

Scientific Committee - John C. McCoy, 3

Committee on Program-Charles J. Kane, 2

Committee of Arrangements—D. C. English, E. J. Marsh, Alex. Marcy, Jr., B. V. D. Hedges, Edw. Guion, Wm. G. Schauffler, I. H. Hance, President and Recording Secretary, ex-officio.

Committee on Legislation — J. B. Winter-

steen, 3 years; H. A. Cotton, 3 years. Committee on Hygiene and Sanitation—Alex. McAlister, 3 years; E. J. Marsh, 3 years.

Place of Meeting - New Brunswick and Spring Lake.

Delegates to American Medical Association -Edward Guion, 2 years; Robert Curts, 2

Alternates—Alex. McAlister, alternate to Dr. Guion; Luther M. Halsey, alternate to Dr.

Delegates to N. Y. State Medical Society-C. B. Smith.

Delegates to Pennsylvania State Medical Society-Wm. B. Stewart, H. F. Palm.

The following resolution was offcred: Resolved, That the President and Recording Secretary may give credentials to any member wishing to attend any other State Society.

Meeting adjourned.

Respectfully submitted, Alexander McAlister, Secretary. Walter B. Johnson, Chairman.

The President appointed Drs. S. T. Day and G. E. Day delegates to the Medical and Chirurgical Faculty of Maryland.

Motion made to receive said report.

Dr. Chandler: I would like to add the names to one committee which they seem to have omitted: the Committee on Public Health Education.

The Secretary: That is an appointive

committee.

The President: Are there any further nominations?

The President: Being no further nominations, the Chair will entertain a motion for the Secretary to cast the ballot.

Moved that the Secretary cast a ballot

for the officers named. Seconded.

The President: Moved and seconded that the Secretary cast a ballot in favor of the nominees that you have heard read. Carried.

The Secretary: The Secretary has cast a ballot for the nominees as nominated by the Nominating Committee.

The President: And the nominees are

hereby declared elected.

Unfinished business.

The Secretary: There is the report from the Society's representative to the Moving Picture Commission which was postponed from yesterday morning. Is Dr. Jacobson present?

The President: Not present.

The Secretary: There was one nominee for Permanent Delegate from Atlantic County whose credentials had not reached the Secretary up to vesterday morning. He has since received those credentials, and now presents to the Society this certificate:

Atlantic City, June 17, 1915.

This is to certify that Edwin H. Harvey, M. D., of Atlantic City, was nominated for permanent delegate to the Medical Society of New Jersey, on the eighth day of January, 1915, by the component society of the County of Atlantic, according to the requirements of the Constitution and By-Laws of the Medical Society of New Jersey.
Samuel Barbash, Secretary.

Edwin Guion, Secretary.

The Secretary: I move his election as Permanent Delegate of this Society. Seconded.

The President: Moved and seconded that Dr. E. H. Harvey, of Atlantic County, be elected a Permanent Delegate from Atlantic County.

Dr. Chandler: I move that the Secretary cast a ballot for him. Carried.

The Secretary: The ballot is so cast for

Dr. E. H. Harvey as Permanent Delegate from Atlantic County.

The President: He is accordingly elect-

ed.

We come now to the miscellaneous business.

The Secretary: I would like to present the name of Charles Ill as Alternate Delegate for Edward E. Worl, of Essex, and the name of Henry W. Kice as Alternate for W. W. Wolfe, of Morris.

The President: The Constitution says the President appoints upon the request of the Society or of the delegation from the Society, and I hereby appoint the gentle-

men you respectively announced.

Dr. Carpenter read a resolution referring to the over-crowding at the Morris Plains Hospital and spoke to it as follows:

Gentlemen, those of you who have been to this hospital and gone through it while you admire its management can not help but notice the great overcrowding; most of the recreation rooms are filled with beds; patients sleep on the floors of the wards and in the corridors; such overcrowding is a disgrace to the State of New Jersey. I move this resolution be adopted.

A Member: And a copy be sent to the Governor, the President of the Senate and Speaker of the House. Amendment accept-

ed by Dr. Carpenter. Seconded.

The President: It is moved and seconded that the resolution you have just listened to be adopted, and that a copy be sent to the Governor, the President of the Senate and the Speaker of the House. Is there any debate?

Dr. Mitchell: It seems to me wise that this resolution should be referred to the committee to be rewritten. It seems to me that it could be presented in a form which

would be more effective.

The President: The Chair feels that that is a valid point. If there is no objection the Chair will refer this to the Committee on Business, to be reported to us tomorrow morning.

The Secretary: I want to move that the President appoint a committee of five to take under advisement the recommendation in his address for a Bureau of Economics, and to report at the next annual meeting a plan for the establishment of such bureau.

Seconded.

The President: Will you put that motion, Dr. Chandler? It is personal to me.

Dr. Chandler: You have heard this mo-

tion that has been seconded, what is your pleasure? Carried.*

Dr. Rector: I ask for a second reading of the amendment to the by-laws offered by myself.

The Secretary: Amendment presented by Dr. Joseph M. Rector, of Hudson County.

Amendment to Chapter V., Section 2 of the By-Laws: Line 2, after the word, "ask," add the words, "All the Fellows of the Society present and all the Delegates present." Line 3, after the word, "meet," add the word, "respectively." Line 4, after the word, "elect," add the words, "one from their respective numbers to be a member of." Line 7, after the word "members," strike out the words "together with the Fellows."

Section 2 as amended, shall read: "On the first day of the annual meeting, the President shall ask all the Fellows of the Society present and all delegates present from each component society to meet respectively at the close of the first session to elect one from their respective numbers to be a member of the Nominating Committee and to notify the Recording Secretary of the members so elected, and these members shall constitute the Nominat-

ing Committee, etc.

The President: Have you any further motion on this matter?

Dr. Rector: Unless it is the pleasure of the Society that I speak upon the motion

and ask its adoption.

The President: The Constitution provides on this point as follows: "These bylaws may be amended at any annual meeting by a two-thirds vote of the House of Delegates, provided that at least fifty members are present; and, provided further, that the amendment shall have been read twice in open meeting and laid upon the table for one day."

Now, that article is somewhat ambiguous. It might be interpreted to mean that it should lay upon the table for one day after the second reading, or it may be interpreted that it shall be read twice, and that it shall have lain on the table one day. It has lain on the table one day and it has been read twice. The Chair will rule that it is in order to take final action upon this amendment at the present time. You are at liberty to move its adoption, Doctor.

Dr. Rector: Is it your pleasure that I shall explain the purpose of this amend-

ment?

The President: You have to move its adoption first.

Dr. Rector: I move its adoption as an amendment to the by-laws. Seconded.

*The President appointed on this committee Frank D. Gray, chairman, Jersey City; Wm. A. Wescott, Berlin; Henry B. Costill, Trenton; Thomas N. Gray, East Orange; B. V. D. Hedges, Plainfield. The President: It is moved and seconded that the amendment which you have just heard shall be adopted. Are there any remarks?

Dr. Rector: In offering this amendment to the by-laws of our Society, it is my purpose to bring to your notice a condition which should receive your earnest attention.

The Nominating Committee, as the committee now stands, is composed of two parts, two integral parts—the one an elective part, and the second a hereditary part. The one is a representative body, representing the twenty-one counties of this State, and the other is the portion which holds its existence, as it were, by divine right, they being the Ex-Presidents of this Society, and whatever term I use, gentlemen, referring to this certain part, I use with all due reverence to the board or to the body of Fellows, collectively and individually, as I have the greatest respect for any and for all of them. The representative body of twenty-one men are chosen by the representatives of the different counties. They have one vote for each county, or twenty-one votes in this Society, or in this committee. The second portion exists only in twenty members—that is at present there are twenty members of the Assembly of Fellows, they have twenty votes; they represent just twenty men; whereas, the twenty-one gentlemen who represent the great mass or the body of this Society represent 1,650 men, as has been told you yesterday by the recording secretary.

Now, gentlemen, that means that there is unequal legislation; there are twentyone men representing 1,650, or one vote for 79; there are twenty men representing 20 gentlemen, representing 20 votes. In one case there is 11/4% with voting privilege, while in the other case there is 100% with voting power. Now, gentlemen, with all due respect, with all right and reason, if this is not wrong, if this is not a condition of legislation which should be wiped from the statutes of our Society, I am at a loss to see why it should not be so. I ask your suffrage simply because it is averse to the democratic institutions of our country; it is averse to all conditions which are of progress; it is preferred legislation; it is legislation among selected gentlemen, gentlemen who, by reason of divine right—and by divine right I mean they have received from this Society the highest gift within its power; gentlemen who would do nothing, in my estimation, but what in their own

thoughts would be for the good of the Society; but still, gentlemen, there is an arbitrary power given to this part of the committee; there is enormous power, a power which should not be given to one body of men.

I simply ask that we change that wrong voting power; that instead of giving 100% to one body of twenty men representing only twenty men in this Society and only giving twenty-one votes to representatives of 1,650 men, that we give 11/4% only to the 1,650 men, and 5% to the gentlemen who represent the body of the Fellows. It is simply cutting down the voting power of one body of this committee from 100% to 5%. It is a reasonable condition, gentlemen. I realize that these gentlemen have the good of this Society at heart, but it is an arbitrary power. It is true that their actions are reviewed by this House Delegates—the action of this committee, 1 mean, may be stopped by the action of this House of Delegates; but, gentlemen, as a rule, as you have seen to-day, these recommendations come in and they are adopted; it is right they should be so. The minute you interfere with this Nominating Committee in their report you interfere with their usefulness, and their usefulness might just as well be abolished as to start the precedent of interfering with such recommendations as they may bring forward. We would not think of interfering with this Nominating Committee unless there were some reason or some discordant circumstances against the interests of this Society; and, gentlemen, because of this condition, because of equalizing and striking a part from the statutes of this Society, I ask your suffrage for the amendment to these by-laws. thank you for your kindness.

Thomas N. Gray: This is not the first time an assault has been made upon the Fellows of this Society. Eight or nine years ago, at Atlantic City, the same assault was made and defeated. When a member assails these men who are the bulwarks of the Society on the Nominating Committee, with a satirical allusion to "Divine Right," he offers no argument and creates no following for himself; for we all know that the Fellows are members of the Nominating Committee, not by "Divine Right," but by constitutional right given to them by the House of Delegates. Can the gentleman show us an instance in which the whole number of Fellows, or any two, three or four of them have voted in the Nominating Committee in such a way as to make

their vote representative only of themselves, or of the two, three or four, then we will be ready to vote them off the Nominating Committee. But he, I, all of you in fact, know that these men represent the whole membership in the deliberations of the Nominating Committee just as truly as do the representatives of the county societies on that committee.

Dr. Morrison, of Essex: I want to take this opportunity to oppose this resolution, and on several grounds. The charge of divine right seems to me divine rot. There is no body of men whom we have, to whom we can refer any judicial question of interest to this Society at large, where it will be dealt with in a more judicious manner, than to our Fellows. They are men who have grown up in this Society, who have taken part in all its meetings, who have taken an interest in every feature; and they have with them age and experience; and we wish still to reap the benefit of it. You might just as well claim that now is the time to abolish the United States Senate because there are only two senators to a State, because the senators represent two men, do you believe it? We might just as well say that the father only represents himself in the family, that he does not represent his wife and children. These men are the fathers of this association, and to my mind they are the most valuable asset that we have. I earnestly hope that this amendment will be voted down.

The President: Any further discussion? Dr. Dickinson: It seems to me mathematics do not prove everything. watched this House of Delegates for the number of years that I have been a member of this Society when they get together each year by counties, each county selecting one man to represent it that year on the Nominating Committee. While this representative is a good man he not infrequently is unacquainted with the membership of the State Medical Society and does not know of the men mentioned who is best fitted to be at the head. This is true of many of the members of the Nominating Committee every year, but the ex-presidents have the knowledge in which such delegates are lacking. They comprehend the men and the needs of the Society. They can give advice. They can hold up things which are wrong and irrele-They can work for the best, and I am afraid that any tinkering with our Constitution in this way would lead to a deterioration in the work of the Nominating Committee.

Dr. D. C. English: I am the last man in this house who would rise to oppose this resolution on personal grounds. The Fellows of this Society have never asked this Society for this position. They were asked by the Society to take it, and my purpose in rising is to inform you why they were asked to take that position. The members of this Society are entitled to know the facts.

Why were the Fellows of this Society made a part of your Nominating Committee? As a compromise. As a balancewheel of that committee. Now, what was the condition? It is well for us to get a little history, gentlemen. When this Nominating Committee was suggested some years ago it was declared to be utterly unjust that the great societies of Hudson, of Essex, of Union, of Passaic should have no more voice in the nomination of officers than do the little counties of ten or fifteen or twenty members, and a proposition was made that the committee consist of members pro rata according to the membership, that would give Hudson several members, it would give Essex several members, and I call upon you members of these smaller societies to realize what the adoption of that plan might mean to you, for if you leave the Fellows off, that plan will probably be insisted on again. It would put you in the power, as far as the nominations are concerned, of those larger societies of Essex, Hudson and the other larger societies. And if inclined to do so they could get the third vice-president every time, they could select the other officers. Gentlemen, it was deemed exceedingly unwise not to guard against such a possibility and the Fellows— not at their suggestion, but by the Society's unanimous action, were added to the committee; thus indicating that the Fellows were men in whom this Society had confidence, that they would act for the best interests of the Society and see to it that no injustice was done to any county.

Now, the insinuation has been made to-day here that the Fellows went on that Nominating Committee to control it. I call your attention, gentlemen, to the fact that there is hardly ever more than ten or twelve Fellows present at our annual meetings. They say that figures don't lie, but they sometimes fail to tell the whole truth and they very often fail to fully set forth actual conditions. You have not had the facts in the case fully presented by Dr. Rector. The proportion of Fellows and County Society

representatives on the committee is nothing like it. We have rarely had more than ten or twelve Fellows present in the Nominating Committee meeting; ten are absent this year, eleven attended the meeting with twenty-one county representatives, so don't be deceived by the figures the doctor has given. The Fellows have never constituted anything like a majority; and let me say to you, gentlemen, about another matter that has been referred to—the insinuation that the Fellows unite in supporting certain nominations. I never have known a year when the Fellows went in to the committee united, or anything like united, on any candidate.

That charge has been made in the past. I go into that Nominating Committee every year with an open mind, endeavoring to see what the sentiment is of the members present, and largely, the sentiment of the men representing the county societies, and I believe that that is generally the position of the Fellows who have served on that There is no previous agreecommittee. ment at all.

I wish to say one thing more, Gentlemen: I say as a Fellow, and I believe I speak for every one of the Fellows, that our only desire to serve in the past and our consent to continue serving has been and is because of our love for this old Society. It lays very near and dear to our hearts. I want to keep out what was in that Nominating Committee in years past—a decided tendency to political manipulation or log-rolling, men seeking votes and promising "If you will vote for my candidate I will vote for your candidate for the other position." believe that the presence of the Fellows on the Nominating Committee has eliminated political manipulation.

I believe we have to-day more deliberative and careful action by that committee than we had in the old time; but please do not forget when you cast your vote that there is no Fellow here that asks you to continue him on this Nominating Committee; never would I be on the floor, nor would any of the Fellows be on this floor, to advocate his staying on that committee. It means hard work; it means responsibility. We would be glad to be free from that responsibility; but, I repeat, it is our love for this grand old Society that brings us here every year, and that has made us willing to take the position as members of the Nominating Committee. We have received the highest honor that this Society can bestow—a very great honor which every Fellow deeply appreciates and consequently the only further honor that we could wish and do seek is the privilege of serving you as best we can and in any way we can in maintaining the dignity and honorable record of the oldest State Medical Society in the United States, of which we have just reason, as Jerseymen, to be proud.

The President: Is there any further debate before the question is put? Gentlemen, the Chair feels that this is an important matter upon which you are to decide, and that it should not be decided by the aves and noes, but by a rising vote. Chair and the Secretary ought to be able to decide whether under constitutional provision there is a two-thirds majority. Only those having representative badges, authorizing them to vote in the House of Delegates, have a right to vote.

Dr. R. H. Hunt: Will you state the question before the house?

The President: It is upon the adoption of the amendment offered by Dr. Rector yesterday, and read the second time just now. If you have not heard the amendment, and desire to have it read, the Chair will authorize the Secretary to read it.

Dr. R. H. Hunt: I would like to hear it

Dr. Chandler: The purport of this amendment is to take the Fellows, who are now members of the Nominating Committee, out of that committee, and have the Nominating Committing consist of one member from each county, and one Fellow out of the twenty. That is the purport of this amendment and the result of its adoption. A number of years ago, the only way in which nominations could be prevented from being made in the meetings of the Society (thus, as Dr. English has stated, giving the naming of officers into the hands of the big societies), was to make a compromise and put the Fellows on the Nominating Committee; the result being that they having no axes to grind and having received all the honors the Society has to offer, would prove a balance wheel and a guide for the best interests of the Society.

Dr. Rector: I rise to a point of information. I hardly think the remarks of Dr. Chandler are in keeping with the amendment. He states the purpose of this amendment is to throw the Fellows out of this meeting. It is an absolute falsehood.

The President: You are using unparliamentary language; will you be seated,

please. Your point of order is not well

Dr. Rector: Mr. Chairman, I ask the Chairman-

The President: No, you have no right on the floor. You have spoken already twice, and the constitution provides that no member can speak more than once without the consent of the Society.

A member wishes the amendment read. The Secretary will please read the amend-

ment again.

The Secretary: Do you want me to read the whole amendment or the explanation of it?

The President: As it will stand with the

adoption of the amendment.

The Secretary reread the amendment and then the paragraph as it would be with the adoption of the amendment.

Dr. Rector: May I have the privilege of

asking for a ballot on this?

Dr. Johnson: I think that we ought to understand just exactly what this does mean, and I don't think it is difficult of explanation. If I may have the privilege of one minute, I think I can explain it.

The President: You have not spoken to

the question, have you?

Dr. Johnson: I have not. In all there are twenty Fellows of this Society; there are present at this meeting eleven. In accordance with the by-laws these members of the Fellowship of this Society are, by virtue of being Fellows, members of the Nominating Committee. The object of this motion is not to interfere with the membership of these Fellows in the House of Delegates, but to interfere with the membership of these Fellows in the Nominating Committee. The idea is that only one Fellow of the twenty shall be chosen as representative of the Fellowiship of this Society on the committee. And it proposes to remove from this committee the counsel, the assistance and the help of these gentlemen who have been selected by the various county societies to represent them as President of this State Society. The Fellows do not represent themselves, they represent the societies from which they have been selected, and they are expected to and should go on representing them as long as they are Fellows of this Society. They do not represent themselves; they never have represented themselves, and I can say, without fear of contradiction that there has been no time prior to any meeting of the Nominating Committee, when at a meeting of the Fellows questions as to candidates for office have been discussed, the statement has been made that it was customary for such discussion to occur at the meetings of the Fellows, and I wish to make it quite clear, there has been no time, prior to any meeting, in which the Fellows themselves assembled at any other meeting, except the meeting of the Nominating Committee, have discussed such questions; you understand, there has been no meeting at which the question of who shall be Third Vice-President of this Society has been discussed, since I have been a member of the Fellowship; and that is now ten or eleven years. I don't expect there is going to be in the future, and I am sure this motion will not prevail; because I know that the delegates, the permanent delegates of this Society and the annual delegates are wise enough to know that the presence of the Fellows in the Nominating Committee is a desirable adjunct and assistance to the committee; that it is a balance wheel which will keep it going right.

We have been elected as presidents of this Society by our societies; we have been selected for the purpose of representing our societies in the House of Delegates of the Society; and we are entitled, still, to the consideration of this House of Delegates and also of our own societies. And I am sure that there is not any man who has arrived at the high distinction of being a Fellow of this Society, who would be small enough, or mean enough, to undertake to take any part in any political business, as has been suggested; and I am satisfied that there isn't any doubt but what if this question be put, it will be settled, and settled

very quickly.

The President: Dr. Rector has asked for the privilege of a ballot.

Dr. Rector: Written ballot.

The President: The Chair would rule that this is not a question for a formal ballot; moreover, it would take an interminable time; but the Chair will grant a roll call. The Secretary has gone now to get the registration book. That is eminently fair, I think, and will satisfy you, will it not, Dr. Rector?

Dr. Rector: Yes, sir.

The President: The Secretary will call the roll; all in favor of this amendment as read, will signify by answering yes; those opposed will signify by answering

Dr. Johnson: I would like to say, Mr. President, for the educational value of this vote I think it ought to be announced.

The Secretary: The vote stands 10 ayes and 68 noes.

The President: Gentlemen, the vote speaks for itself; the motion is lost. I think, perhaps, it might be pardoned on the part of the Chair, to remark that the Chair hopes it will be many years before another attempt of this sort is made, as it only wastes time and the sentiment of the delegates is very evident.

Dr. English: May I say just one word? Dr. Johnson has referred to the educational nature of this vote. I would state that a few years ago it was 13 for to 65 against a similar amendment.

Dr. Iszard: The Judicial Council wishes to excuse the following gentlemen so they can get on the record.

Edward B. Grier, 400 Westminster avenue, Elizabeth, 1915; Joseph V. Bergin, of Paterson, 1914 and 1915; Edgar Darnall, Atlantic, 1915; J. W. Wade, Cumberland, 1915; Wm. Buerman, Newark, 1915; J. D. Lippincott, Newark, 1915.

The President: The Chair will call for a second reading of another amendment which was offered yesterday by Dr. Strock.

The Secretary: Amend Chapter VIII., Section 2 of the by-laws in relation to councilors, as follows:

"Provided, all questions of an ethical nature and all questions of discipline affecting members shall first be considered by the board of censors of the component society of which the accused is a member. The decision of the council, in all such cases, shall be final."

Dr. Chandler: If it is not too late, I should like to suggest that it should be the eleventh line. This is not a substitute, but is an addition, beginning in the eleventh line, I think. It is not in Dr. Strock's amendment, but it should be.

The Secretary: The amendment follows the word councilor in the fifteenth line.

The President: This is an amendment which makes it clear, as I understand it, that all ethical matters must proceed through the Board of Censors of the county society. Am I right?

Dr. Johnson: Before coming to the Judi-

cial Council.

The President: Yes.

The President: Dr. Iszard moves the adoption of this resolution.

The President: The question is on the adoption of this amendment which you have heard read. Carried.

The President: Anything further of urgency under miscellaneous business? We are fifteen minutes overtime now in beginning our scientific session for the afternoon. If there is aything that can go over until to-morrow morning's business session, we had better defer it.

4.15 P. M.

GENERAL SESSION.

THIRD VICE-PRESIDENT'S ADDRESS

Wm. G. Schauffler, Lakewood.

The President: The Chair would like to entertain a motion for a vote of thanks to the Third Vice-President for this particularly valuable paper; not the least of its excellence being that it said much in a little space. Such motion was made and carried.

THE MEDICAL WITNESS

Wm. J. Arlitz, Hoboken.

Discussed by Judge William H. Speer, through Geo. E. McLaughlin, Thomas W. Harvey, Gordon K. Dickinson, Edward J. Ill, Walter B. Johnson. Closed by Wm. J. Arlitz.

THE TREATMENT OF OLD BRAIN INJURIES

Martin W. Reddan, Trenton.

Discused by H. A. Cotton, Wm. J. Chandler.

ANNUAL BANQUET.

The annual banquet was held Wednesday evening at 7.30 o'clock. The post-prandial addresses were delivered by Rev. Dr. George D. Hadley and Judge William H. Speer, of Jersey City; Dr. Thomas Darlington, of New York, and Attorney General John W. Wescott, of New Jersey. President Gray acted as toastmaster. These addresses will be given in the October Journal.

Third Day, Thursday, June 24, 1915. 9.30 A. M.

MEETING OF THE HOUSE OF DELEGATES.

The President called the meeting to order at 9.51 A. M.

The President: Unfinished business will first claim our attention.

The Secretary: There is the report of the Committee on Education of the Public on Medical Legislation, which was carried over from the first day.

Report of Special Committee on Education of the Public on Medical Legislation

We have met at frequent intervals with the Legislative Committee at Trenton and realize

there is open a broad field for practical re-As a means to this end we would recommend the publication in the newspapers at regular intervals of well-considered articles which are not technical on health and sanitation. These articles to be referred to the Publicity Committee for publication.

George T. Tracy, Chairman.

The President: You have heard the

resolution; what is your pleasure?

Dr. Costill: I move that the report of this committee be received, the recommendation offered by them approved, and that this committee be continued. committee has met with your Legislative Committee upon various occasions and has rendered your Legislative Committee very excellent advice and counsel, service and assistance; and we hope that this committee as it stands will be continued.

The President: Is that motion seconded?

Seconded.

The President: You have heard this mo-

tion. Carried.*

Dr. English: I would be inclined to move that the President's Address also be referred to the Publicity Committee. It had a great deal of matter that ought to be prominently brought to the attention of the public through the press.

The Secretary: There was a motion for a committee yesterday to take under advisement the address of the President.

Dr. English: This is for making it public, giving it to the newspapers under the authority of the Publicity Committee, that

will guard any improper matter.

Dr. Chandler, First Vice-President: It is moved and seconded that the address of Dr. F. D. Gray be given to the Committee on Publicity, and that they make effort to report such things to the public as may be available and beneficial to the public. Car-

Dr. Morrison: I would like to make a motion that the paper of Dr. Arlitz yesterday and some of the remarks of the Hon. Justice Speer be turned over to the Publication Committee, for such revision as they think necessary, and then be handed to the public.

Dr. English: You mean the Publicity

Committee.

Dr. Morrison: No. the Publication Committee. Seconded.

The President: All in favor of this motion as made will signify by saying aye; contrary, no. Carried

Dr. Hasking: The Committee on Busi-

*This committee is as follows: Geo. T. Tracy, chairman; Henry Spence, James Hunter, Jr. ness had the resolutions of Dr. Evans referred to them yesterday; and while we could not get the complete committee together, are ready to make a majority report on it. We found that the main objection to the resolutions, as we understood it, was that it was probably a little too long; but we found, in going over the matter, that there was much in it that connected up, and to attempt to shorten it might interfere with the general clearness of the proposition; and, therefore, we amended it without making very many changes.

Also, we had our attention called last night by Dr. Evans to the fact that in the hurry of writing out the resolution there was one point omitted and which several had since asked to have inserted, so your attention is called to it; then there were some inaccuracies in the resolutions as presented. I give you the resolution as we

have revised it.

Whereas, There are now exceeding twelve hundred insane persons in the State in excess of suitable accommodations, if such persons are to be treated humanely and with due consideration, and

Whereas, There exists at the New Jersey State Hospital at Morris Plains more than nine hundred in excess of the normal capacity, causing overcrowding to a dangerous degree, making proper classification and treatment impossible, and

Whereas, Such over-crowding defeats the important obejcts of this public charity in that hygienic principals are unavoidably violated, the possibility of the restoration of the mentally sick committed to and detained in that institution for treatment is reduced to the minimum, and

Whereas, The insane population of the State is increased more than one hundred each year,

Whereas, The State of New Jersey makes no provision for the care and maintenance of idiots and imbeciles, such as other States do, and since they are not suitable persons to be admitted to hospitals for the insane, and since under the law they cannot, and

Whereas, It requires three or four years to build such institutions as would properly take care of the insane not provided for and relieve the serious and dangerous overcrowding, and

Whereas, It is the duty of the State to properly provide humane hospital accommodations for this class of its afflicted citizens, and

Whereas, We, the members of the Medical Society of New Jersey, regularly assembled in annual meeting view with grave consideration and regret the lack of room for the insane of the State and the consequent overcrowding which now exists, depriving patients of proper sleeping quarters and surrounding them with unhygienic conditions, making classification impossible and reducing the value of scientific treatment to a minimum, and

Whereas, We are of the opinion that this order of things greatly reduces the usefulness of our public hospitals for the insane and is not just or fair to this class of helpless sick who are by law restrained of their liberty for the good of society and are not provided with such environments as the State should give them, and

Whereas, That since there are in the State Hospital at Morris Plains alone more than nine hundred patients in excess of its normal capacity, making it necessary to crowd three or four patients into rooms intended for but one or two and the sleeping of more than five hundred patients upon the floors of the open corridors, thus creating a condition of great danger to life and property in case of a fire or an epidemic of any serious contagious diseases, therefore

Be It Resolved, That it is the sense of this society that these serious conditions should have attention and remedy as promptly as pos-

sible, therefore

Be It Further Resolved, That we, the members of this Society, respectfully call the attention of the Governor of the State to the crying need for the building of an additional State Hospital or buildings of ample proportion to give to all the insane, idiots and imbeciles, the humane care and scientific attention to which they are entitled; therefore

Be It Further Resolved, That we respectfully request the Governor to bring this matter before the coming Legislature with his recommendations to properly provide for the insane, idiots and imbeciles of the State; there-

fore

Be It Further Resolved, That copies of these resolutions be forwarded to His Excellency, James F. Fielder, the President of the Senate, and the Speaker of the House.

The President: Gentlemen, you have heard the resolution. Do you move the resolution, Doctor?

Dr. Hasking: It is moved.

The President: This is simply a report of the committee. It is necessary to take action on this as revised. All in favor of the resolution as revised and presented by the Business Committee, will signify by saying aye; contrary-minded, no. Carried.

Dr. Chandler: I understand that this was referred to the Publication Committee.

The President: This is a report of the Business Committee.

Dr. Chandler: I would like to ask was there not a motion passed, previous to this, that this matter be put in the hands of the Publication Committee, as there were some inaccuracies which in a hasty reading over might escape observation? To pass upon this, without proper, quiet revision, I think would be premature. To refer it to the Publication Committee as has been done, is I think, very proper. A motion to that effect was passed just a little while ago. By reference to this committee, if there is any error, like the name of the Society or the house of representatives or anything else, it can be care-

fully read over and corrected. The substance of it meets with approval.

The Secretary: The motion made by Dr. Morrison had no reference to this resolution. His motion referred to the address of Judge Speer and the Arlitz paper.

The President: The Chair will entertain

a motion.

Dr. English: I think that the Publication Committee has nothing to do with revising reports. The action here is final. I do not think we ought to change the resolution.

Dr. Chandler: I want to be very certain

that it is worded just right.

The President: I would ask Dr. Hasking if the resolution is in form now for ap-

pearing in the printed minutes?

The Secretary: I might suggest that it seems to me that the Business Committee appointed by the Chairman is perfectly capable of getting the resolution in shape, so that nothing wrong will appear in the public prints.

Dr. Chandler: Then I move that it be referred back to the Business Committee to be put in proper shape for publication.

The President: The understanding of the Chair is that the gist of this has been acted

upon and the resolution adopted.

Dr. Hasking: The committee had the resolution under consideration this morning but we hesitated at making any radical changes in the short time at our disposal.

The President: I can only repeat that the resolution has been adopted, although it

does need further revision.

The Secretary: I move a reconsideration of the vote adopting the resolution as revised. Seconded and carried.

The Secretary: I now move the resolution be referred back to the Business Committee for further revision.

Dr. English: I think that it is clear that we are proceeding right. My recollection is, that when presented yesterday it was simply referred to the committee.

The President: Quite right; are you ready for the question on referring the resolution back to the Business Committee for further revision. Motion carried.

Dr. Cotton: Last year there was introduced in the Legislature a bill which would enable nurses in the State hospitals for the insane to register, which failed of passage, and it seemed to me that the failure was partly due to the misunderstanding as to the purpose of the bill on the part of physicians; the majority of the profession not realizing just what we were trying to

light in the matter.

do. Now I wish to bring the matter before you in explanation of why we feel that the nurses who have been trained in the State hospitals should have the right to register, in the hope that I may have the Medical Society back of this movement to give our nurses this privilege. Of course, the nurses outside of institutions do not want this; they are opposed to it; and we feel unjustly, because we have the same qualifications for our entrants as to admission to the hospital as do general hospitals. The applicants must be high school gradueats, as do the applicants to general hospitals; and then we give a three-year course, six months of which is spent in a general hospital; and we feel that at the end of that time our nurses are perfectly capable of taking examination and registering. The State Board of Registration for Nurses has opposed this bill, and I think an explanation would put us in the right

We feel our nurses deserve this privi-In New York and Pennsylvania State hospital nurses get but two years' training and no training in a general hospital and may register without examination. We do not ask for registration without examination; we ask for registration with examination. And I thought I would bring to the attention of this Society and perhaps have a resolution passed authorizing the Legislative Committee to take up this matter next year and have the Society back of it, if it meets with the approval of the It is rather discouraging to go Society. down to the Legislature and find that all the men, the Assemblymen and Senators, have letters from physicians of various hospitals, denouncing this bill, which I think is very unfair, simply because certain nurses do not want it. That is what we were up against last year. Different hospitals, the regular staffs, sent in a letter to Senators saying: "Please don't vote for this bill;" and I think it is clearly a matter of mis-understanding; because, if they understood the situation, I don't think they would op-

We have got to get good nurses in the State hospitals. We have raised our standard; we are giving a three-year course; we are making them have the same qualifications as the nurses in the general hospitals have; and with this they get six months in a general hospital. There is no reason why they should not have the privilege of taking the examination for registration; so, with your permission, I would like to introduce

a resolution saying that the Medical Society will support this bill.

The Secretary: Will you write such a

resolution out for us and present it?

Dr. Cotton: Yes. The following is the resolution I offer:

"Resolved, That the Medical Society of New Jersey authorize the Legislative Committee to support a bill which will allow qualified nurses in the training schools of the State hospitals, to take an examination and register."

Dr. Norton: This Society, as I understand, has a committee appointed to investigate and standardize all the hospitals in this State. The State Examining Board have also, with the help of the Legislative Committee of this Society, had a law passed, last winter, in which it stated that in 1916, July 4, any physician applying for a license to practice medicine in this State shall have served one year as an intern in a hospital. All this leads up to the fact that hospitals will now need to be standardized, both for the reason that this Society has such a committee and for the fact that if the law requires a year's residence in a hospital before an applicant can receive a license, the hospital must have some recognized standing.

It seems to me this Society, in view of these facts, should rather ignore the nurses and their society and proceed upon our own lines to standardize the hospitals. If the hospitals are standardized thoroughly, it will mean that they are standardized as teaching institutions; consequently, I can not see how there is room for our standardizing the hospitals and the nurses having another standard; nor can I see any reason for consulting with the nurses. The nurses are creatures of the physicians, and of the teachings that they receive in the hospital; and I think they are not a body calculated to say what nurses should and what not be registered, and they should not have the control of this matter by having their own standard for hospital.

The President: As I understand, there are certain standards now required of nurses by the State Board of Examiners for Nurses, are there not?

Dr. Norton: Yes.

The President: If you are speaking to this question that Dr. Cotton just raised, his idea is simply to have his nurses and the nurses of other State institutions, recognized, if they come up to a certain standard.

Dr. Norton: They should be recognized; and if Dr. Cotton's institution and the other

be in operation.

State institutions are recognized as legitimate hospials, and are so recognized by your committee, and the State Board of Examiners are willing to take candidates from there who have been residents of those hospitals, it certainly will give them a standing. I believe the State Board of Examiners will not now take a resident physician from a State hospital, will they? We must face this matter of standardizing hospitals for on July 4th, 1916, the law will

Dr. Morrison: Dr. Norton's remarks are all right; but the nurses of New Jersey are acting now under the law. They are acting under a law passed a year or two ago giving them the privilege of granting the degree of registered nurse to any nurse who comes up for examination, and giving them the privilege of excluding any hospital from registration which does not come up to their requirements; they are already acting under the law, and we cannot overcome that; neither can we ignore it. If our hospitals are standardized next year, then some arrangement should be made to bring these two examining boards in harmony; otherwise the bill now in operation in their favor will have to be repealed.

Dr. Harvey: I don't understand that the standardization of the nurses' examining board is a standarization of the hospital; it is one of the training of the nurses and of the training schools. I don't recall the reading of the law, but I was pretty close to the revising of it. Now, as the nurses had originally had it, it never would have passed in the Legislature. My idea of the standardization was that it referred to the kind of training nurses received, rather than in the character of the hospital itself.

Dr. McCoy: So far as the character of the hospital is concerned, and its relation, to the nurses in their requirements of standardization, it certainly, indirectly, at least, standardizes the hospitals; because I know among many of their requirements for hospitals are such requirements as these, that they should have a paid superintendent of nurses, a night supervisor, paid operating room nurse and a paid assistant; and unless the hospital possesses employees of this character in relation to the training school, it is my understanding that the nurses' board will not register nurses coming from it. We are responsible, as a profession, for allowing this to get entirely out of our

Dr. Morrison: What are the qualifications?

Dr. Cotton: I will state, to make it short, what we put in the bill last year. were to have a three-year course with six months, either during that time or afterward, in a general hospital. The Trenton Hospital has arranged with the Mercer Hosiptal in Trenton to give our nurses six months' general training. We pay them the same salary that other nurses get.

Dr. McCoy: I would ask whether the State hospitals, in their teaching courses for nurses, comply with the requirements

of the nurses' act.

Dr. Cotton: They certainly do.

Dr. McCoy: I cannot see any object in

any new bill.

Dr. Cotton: Because the nurses' examinnig board will not allow our nurses to register because they are not 'graduates of a general hospital. It will not allow them to come up for examination even. In fact, the nurses' board should be under the jurisdiction of the Medical Examining Board.

We have a three-year course and our nurses have gone from us to a number of

New York hospitals.

It certainly seems to me that the State ought to be able to get the best of nurses possible for the State hospitals. Fifteen or twenty years ago all we had was attendants, but now we have high-grade men and women and, in order to get the best to come to our hospitals, we ought to be able to offer them something besides their diploma; and we can do this by giving them the right to register after they have graduated.

Dr. Richardson: May I ask, Dr. Cotton, do you have a training school for nurses?

Dr. Cotton: We do; we have a regular training school.

Dr. Richardson: And you have didactic

lectures?

Dr. Cotton: Always, every week. Eleven men on the staff to lecture to them.

Dr. Richardson: Have a night class?

Dr. Cotton: Surely.

Dr. Richardson: I don't see why you

cannot register.

Dr. Cotton: Because State hospitals are not general hospitals, and the board recognizes only those nurses who are graduates from the training school of a general hospital. Our nurses are now taking postgraduate work in a general hospital to meet this condition and yet cannot register.

Dr. Richardson: I cannot see why your

nurses should be debarred.

Dr. Cotton: They are not only debarred but are not even allowed to come up for examination.

The President: This is not a bill which is recommended, it is simply the recommendation that the Legislative Committee take up this matter and formulate a bill.

Dr. Cotton: Support a bill, not formulate.

The President: It seems to me if this resolution is passed just as it stands, it may be left to the judgment of the Legislative Committee, with the assistance of Dr. Cotton and Dr. Evans, to formulate the right sort of bill. I don't think this matter needs any further discussion to make it clear. You can act upon this resolution, I believe, now, if there is no objection. Is it seconded. Seconded.

The President: It is moved and seconded; all in favor of it signify by saying aye;

contrary-minded, no. Carried.

The President: The Chair would like to take just a moment at this opportunity to express his feeling, that in view of the magnificent work of the Scientific Committee this year in giving us just the right sort of program, which they did, that they should have a vote of thanks.

Dr. Schauffler: I move the vote of thanks of the State Society to the Scientific Committee for the program they have given this year, and for the way it has been car-

ried out. Seconded.

The President: Moved and seconded that the Society extend a vote of thanks to the Scientific Committee for the work that

they have done this year.

Dr. Newman: Why not include all the committees that have done valuable work? Why select the scientific? What is the matter with the Committee of Arrangements, on which Dr. Schauffler has done so much?

Dr. Livingood: The Committee of Arrangements have provided for our comfort, and I am going to make a separate motion.

The President: Dr. Livingood's idea was the idea of the Chair. Instead of making this a blanket affair, I was about to say that I would like the same sort of a motion for the Committee of Arrangements. All in favor of extending this vote of thanks to the Scientific Committee, will say aye. Carried.

Dr. Livingood: I move you that the thanks of this Society be tendered to the Committee of Arrangements. They have almost outstripped themselves this year; they have always done noble service, and given us great satisfaction; but I think this year they have had harder work and have had greater success. I move, therefore,

that the thanks of the Society be tendered to the Committee of Arrangements. Seconded and carried.

Dr. Schauffler: I would like to ask for a vote of thanks to Mr. Shute, the manager of this hotel. When I came over here Saturday afternoon there were no fixtures in this room, there were no carpets down, there was practically nothing finished; and they worked day and night, in order to be ready for the Society, and I would like to move a vote of thanks.

Dr. Johnson: It certainly affords me great pleasure to offer a motion for a vote of thanks to Mr. Shute.

The President: Do you offer this as an amendment?

Dr. Johnson: No, sir, he didn't make a motion; he only made a suggestion; I am

making a motion.

Dr. Johnson: I have been around here all the week and haven't said a word; anyhow, what I meant to say when you interrupted that beautiful flow of language that I was about getting off, was, that I wish to have, through the Secretary, conveyed to Mr. Shute and the management of this hotel the thanks of this Society for the very excellent entertainment they have given to our Society, also, I would like to add to that a complimentary remark in relation to the beautification of the hotel. think this ground floor here is perfectly beautiful, and I think we should evidence our appreciation of that fact. I trust this motion will prevail. Seconded.

The President: All in favor of this motion that you have heard, signify it by saying aye; no contrary vote; unanimously

carried.

Dr. Harvey: I would move that we give a vote of thanks to our Presiding Officer for the manner in which he has conducted our business.

Dr. Schauffler, Second Vice-President-Elect: I don't see any other Vice-President; I will be very pleased to put that vote; it has been seconded; all in favor signify it by rising. Carried.

The President: The President appreciates the thanks very much, but we are not adjourned. Please don't leave.

The only remaining business, and it is not really business, but a form of courtesy, is to introduce the President-elect. This I cannot do as he has been called home, but I must say that he is highly qualified for the position he is about to assume. His long years of experience and his faithful work in the Society; his erudition and

years give him every qualification for the

Presidency.

In laying down my office, Gentlemen, I want to thank you for the cordial support I have had during the year, and I may add, that I lay down the reins with as much pleasure as I took them up, because I, like all who have preceded me in office, have been conscious of the seriousness of the responsibilities of the President of this Society, and it is with pleasurable relief that I hand the gavel to my successor, only sorry that I cannot in fact hand it over. I wish to him all success, and the prosperity due by virtue of his age, his work and his devotion to the Medical Society of New Jersey.

Dr. Stout: At the last annual meeting a resolution directed the Credentials Committee to select a permanent design as the emblem of the Society. The emblem we are now wearing is the one selected. In view of the fact that next year is the 150th anniversary of the Society, the committee suggests a special emblem for that occasion.

Dr. Johnson: I move the Society approve of this suggestion—providing the committee feel they can make a satisfactory change.

The President: It is moved and seconded that the Society approve the suggestion.

Will the Corresponding Secretary announce the attendance?

Dr. Stout: Fellows, 11; Officers, 6; Councilors, 5; Permanent Delegates, 89; Annual Delegates and Reporters, 49; Associate Delegates, 129; making a total attendances of 289 members. Guests, 8; Members of families, 215. Making a total registration of 512, the largest we have ever had.

Dr. Johnson: I have had something in my mind, and I want to make a short speech, if the gentlemen will bear with me for one minute. I want to say that I almost felt like crying when Dr. Gray spoke in the way that he did; because he is only a young fellow, and we don't want him to to retire from his activity at all; he is only stepping out of this exalted position to serve in another more exalted; and we trust that he may be free to work with us for a great many years in this very efficient and creditable manner with which he has performed those present obligations to the Medical Society of New Jersey. I am sure the Society is very grateful to you, Mr. President, for your very courteous performance, and for your very dignified and steady reining in of the belligerents.

The President: I had no intention of intimating that having ended with the Presidency of this Society, I was going to do anything but get busy in the ranks and keep busy in the ranks.

If there is nothing futher, the President will declare the 149th session of the Medical Society of New Jersey adjourned

sine die.

Then adjourned.

Thomas N. Gray, Recording Secretary.

ATTENDANCE AT THE ANNUAL MEETING. Fellows.

D. C. English, C. R. P. Fisher, E. Hollingshead, E. J. Ill, W. B. Johnson, H. Mitchell, J. G. Ryerson, D. Strock, O. H. Sproul, G. T. Welch, N. L. Wilson.

Officers.

F. D. Gray, W. J. Chandler, W. G. Schauffler, H. A. Stout, T. N. Gray, A. Mercer.

Councilors.

C. C. Beling, R. M. Curts, W. A. Clark, J. Hunter, Jr., W. H. Iszard.

Permanent Delegates.

Atlantic: W. P. Conaway, E. Guion, J. A. Joy, E. Marvel, W. B. Stewart. Bergen: C. Calhoun, F. S. Hallett, G. H. McFadden, J. E. Pratt. Burlington: M. W. Newcombe, R. H. Parsons, G. T. Tracy, J. B. Wintersteen. Camden: H. H. Davis, W. H. Isazrd, W. S. Jones, J. F. Leavitt, A. McAlister, H. F. Palm. Cumberland: S. T. Day. Essex: C. D. Bennett, C. C. Beling, W. J. Chandler, T. W. Corwin, J. F. Condon, W. S. Disbrow, W. P. Eagleton, W. B. Graves, T. N. Gray, L. E. Hollister, J. F. Hagerty, T. W. Harvey, L. S. Hinckley, R. H. Hunt, E. J. Ill, G. R. Kent, S. R. Mead, J. M. Maghee, E. W. Murray, J. B. Morrison, E. D. Newman, G. B. Philhower, C. E. Sutphen, E. S. Sherman, E. Staehlin, T. Y. Sutphen, C. F. Underwood, E. G. Wherry, H. J. F. Wallhauser, J. T. Wrightson. Gloucester: J. Hunter, Jr. Hudson: J. J. Broderick, H. H. Brinkerhoff, F. M. Corwin, T. R. Chambers, G. M. Culver, G. K. Dickinson, C. H. Finke, A. P. Hasking, G. E. McLaughlin, J. J. Mooney, C. H. Purdy, I. Pyle, J. M. Rector, H. Spence, H. J. Spaulding, W. P. Watson. Hunterdon: G. N. Best, G. L. Romine. Mercer: C. F. Adams, H. B. Costill, J. C. Felty, D. Warman. Middlesex: A. C. Hunt, A. L. Smith. Monmouth: E. Field, D. E. Roberts, H. E. Shaw. Morris: A. E. Carpenter, J. Douglas, B. D. Evans, F. W. Flagge. Ocean: R. R. Jones. Passaic: R. M. Curts, F. C. Demarest, J. T. Gillson, H. H. Lucas, J. C. McCoy. Salem: J. F. Smith. Somerset: A. L. Stillwell, S. O. B. Taylor. Sussex: F. P. Wilbur. Union: E. W. Hedges, J. B. Harrison, T. F. Livengood, S. T. Quinn, J. P. Reilly, T. H. Tomlinson. Warren: G. W. Cummings.

Annual Delegates.

Atlantic: W. H. Schmidt. Bergen: G. M. Levitas. Burlington: D. H. B. Ulmer. Camden: A. H. Lippincott, M. M. Osmun, E. M.

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Richardson. Cumberland: C. M. Gray. Essex: M. R. Whitenack, J. C. Winans, A. C. Zehnder. Gloucester: J. H. Underwood. Hudson: W. H. Axford, S. A. Cosgrove, O. C. Frundt, C. B. Kelly, D. Miner, G. H. Mueller, B. S. Pollak, D. B. Street, W. J. Sweeney, W. L. Pyle. Merter. F. G. Herster, P. December 1, 1997 (1997). cer: E. S. Hawke, L. Rogers. Middlesex: H. Gross, W. E. Ramsey, B. Guttmann. Monmouth: W. M. Hepburn. Morris: M. A. Curry, C. Mills. Ocean: V. M. Disbrow. Passaic: H. Cogan, C. J. Kane, J. Roemer, J. S. Yates. Somerset: D. F. Weeks. Union: A. R. Eaton, Jr., G. T. Banker. Warren: E. H. Moorc.

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Associate Delegates.

W. E. Anderson, W. H. Areson, W. J. Arlitz, S. H. Baldwin, J. S. Benson, H. C. Bleyle, W. M. Brien, W. W. Brooke, F. L. Brown, E. L. Bull, C. W. Buvinger, H. L. Carter, W. F. Costello, E. E. Conover, A. J. Conty, H. D. Corbusier, W. L. Cornwell, P. L. Cort, H. A. Cotton, M. Danzis, G. E. Day, J. L. Dias, T. A. Dingman, T. E. Dolan, W. E. Doremus, A. L. Ellis, S. B. English, J. W. Farrow, E. K. Fee, M. Feldman, C. M. Fish, A. Fisher, J. W. Fithian, C. M. Franklin, G. H. Franklin, E. B. Funkhouser, H. I. Goldstein, W. H. Goodwin, J. C. Haines, C. W. Harreys, F. R. Haussling, D. D. Hendrickson, L. B. Hirst, L. B. Hollingshcad, R. K. Hollingshead, C. L. Ill, E. A. Ill, F. C. Jacobson, A. E. Jaffin, W. W. Kain, W. F. Keim, F. J. Keller, H. W. Kice, C. Knecht, W. J. Lamson, F. B. Lane, F. J. La Riew, C. J. Larkey, G. W. Lawrence, T. B. Lee, S. B. W. Leyenberger, L. Y. Lippincott, I. S. Long, W. H. Long, Jr., J. H. Lowrey, O. Lowy, J. H. Mc-Croskery, J. J. McGuire, J. A. Mangella, W. H. Martland, W. J. Matthews, P. M. McCray, L. L. Mial, H. G. Miller, E. Morrison, S. H. Nichols, H. G. Norton, H. B. Orton, W. P. Patterson, W. Petry, W. H. Pratt, N. G. Price, E. D. Prickett, N. H. Probasco, T. P. Prout, C. F. Rathgeber, M. W. Reddan, W. W. Riha, F. E. Riva, B. H. Rogers, R. H. Rogers, S. M. Rubinow, L. P. Runyon, C. C. Saulsberry, C. A. Schreider, J. P. Schweider, G. H. Schlichten Schneider, J. P. Schureman, C. H. Schlichter, G. H. Sexsmith, W. H. Shipps, H. B. Slocum, J. J. Smith, G. N. J. Sommer, G. B. Spath, J. S. Stage, F. G. Stroud, C. J. Sullivan, I. Surnamer, F. C. Sutphen, F. A. Thomas, E. Thum, G. E. Titus, H. F. Upham, M. M. Vinton, J. Walters, G. V. V. Warner, W. A. Wescott.

Guests.

Stewart Paton, Princeton; Alexander Armstrong, and D. Hewson, Medical Society of the State of Pennsylvania; W. M. Leszynsky, Medical Society of the State of New York; E. J. Emerick, Ohio State Medical Association; A. J. Molley, New York; Lewis F. Bishop, New York; T. A. Darlington, New York; Rev. G. D. Hadley, Jersey City; Hon. J. W. Westcott, Haddonfield; Judge W. H. Speer, Jersey City; Daniel Hills, N. J. Pharmaceutical Association.

Permanent Delegates Absent.

Atlantic: *W. Edgar Darnall, Elisha C. Chew. Bergen: Samuel E. Armstrong, James

W. Proctor. Camden: John K. Bennett. Cape May: Randolph Marshall. Cumberland: *John W. Wade. Essex: *Charles Young, *Joshua W. Read, George A. Van Wagenen, David E. English, Henry L. Coit, *William Buerman, *Jesse D. Lippincott, Linn Emerson, *William H. Hicks, *Walter S. Washington, *E. Zch Hawkes. Gloucester: George E. Reading. Hudson: Mortimer Lampson, *John J. Baumann, *August A. Strasser, Wallace Pyle, William F. Faison. Mercer: Elmer Barwis. Middlesex: Frank M. Donohue, *John G. Wilson, *Edgar Carroll. Monmouth: William B. Warner. Morris: Cuthbert Wigg, Alfred A. Lewis. Passaic: Philander A. Harris, George H. Balleray, Charles H. Scribner, Andrew F. Mc-Bride, Francis H. Todd, William H. Carroll, *Joseph V. Bergin, William Flitcroft. Salem: *William H. James. Union: *Edgar B. Grier, James S. Green. Warren: James M. Reese. *Excused.

STANDING COMMITTEES.

Elected by the Society. Committee of Arrangements.

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B. V. D. Hedges Plainfield
Irwin H. Hance Lakewood President and Recording Secretary .. ex-officio

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Thomas N. Gray, Ch'n, East Orangc..ex-officio Geo. E. McLaughlin, Jer. C'y.. Term exp. 1916 Charles J. Kane Paterson

Committee on Scientific Work.

Alex. McAlister, Ch'n, Camden. Term exp. 1916 John C. McCoy, Paterson

Committee on Legislation.

Henry B. Costill, Ch'n, Trenton. Term exp. 1917 Thomas H. MacKenize, Trenton " Henry H. Davis, Camden 1916 Luther M. Halsey, Williamstown 1916 J. Boone Wintersteen, Moorest'n Henry A. Cotton, Trenton

Committee on Hygiene and Sanitation.

Gord'n K. Dickins'n, Ch'n, J.C'y.Term exp. 1917 Edward Guion, Atlantic City .. " Henry B. Costill, Trenton 2.2 1916 Geo. E. McLaughlin, Jersey City 1916 Alexander McAlister, Camden.. " Elias J. Marsh, Paterson" 1918

Committee on Publication.

August A. Strasscr, ch'n, A'l'g'n. Term exp. 1918 Thomas N. Gray, East Orangeex-officio

Committees Appointed by the President. Committee on Credentials

Committee on Honorary Membership.

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Norton L. WilsonElizabeth	
George T. Welch	Draper, Edgar A
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J. Finley BellEnglewood	Somerset County.
Berthold S. PollakSecaucus	Sutphen, F. CBernardsville
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Frank D. Gray, ChairmanJersey City	Barber, IsaacPhillipsburg
Wm. A. WescottBerlin	Barber, ThomasPhillipsburg
Henry B. Costill	Carhart, Henry OBlairstown
B. von D. Hedges	Hoagland, Lewis BOxford Lefferts, F. PBelvidere
Thomas II. Gray	Tunison, OrlandoOxford
NEW AND REINSTATED MEMBERS.	Names are added to the Official List as soon
	as the dues are received by Treasurer Mercer.
MEDICAL SOCIETY OF NEW JERSEY.	
The following have been added to the membership since the Official List was published:	The really big man takes his achievements
	as a matter of course; something which
Atlantic County.	should come to any man who gives the re-
Harley, H. LPleasantville	quired application to his work.
Hickman, W. A	Nature forever puts a premium on reality.

Souder, Lewis R......Ventnor City

Taggart, Thomas D.....Atlantic City

Camden County.

Lewis, Thomas K......Camden

Nature forever puts a premium on reality. What is done for effect is seen to be done for effect; what is done for love is felt to be done for love. A man inspires affection and honor because he was not lying in wait for these. The things of a man for which we visit him were done in the dark and the cold.-Emerson.

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EVERY OBSTETRICAL CASE A SURGICAL CASE.*

By Joel W. Fithian, M. D., Camden, N. J.

A few years ago while sitting in the corridor of this hotel, in conversation with one of the oldest and most respected members of our Society, he stated he was not feeling very well, due to a difficult confinement case he had had a few weeks ago. I said, "I thought you had given up that kind of work." He replied, "Well, I have practically given up all practice, but this was a very fine young lady who lived around the corner from me, who wished me to attend her in her confinement, and there being no particular reason why I should not, I promised to do so.

"The labor commenced in the afternoon, dragged on through the night until about five o'clock in the morning, when there seemed to be no further progress, I thought it time to apply the forceps, which accordingly I did; this required much more strength than I anticipated, and when the child was born, I was very much exhausted, so much so that the perineum, which was much lacerated, had to be repaired the

next day."

While he was talking about the case, I looked upon him as the most innocent offender of medical knowledge as any one could possibly be, and if we judge our conduct by our fellow creatures, his conscience should not trouble him.

Why should I single out this individual, when the same thing is being done every day by thousands of medical men. When we realize that thousands of lives are lost

every year by ignorance and carelessness, more than by typhoid fever, diphtheria, or tuberculosis, isn't it about time for the medical profession to sit up and take notice?

While we rave over fresh air, have tuberculosis exhibits, from one end of the country to the other, clinics for child-welfare, and grow hysterical over eugenics, here is a field of preventive medicine left almost untouched, and the method to save life almost unknown to the individual. And why is this so? Is it because the doctors do not know, or do not care, or is it because the people do not know or do not care, or both, that this field of work has not been exploited like other subjects?

When we stop to think of it, it is appalling, and the only explanation I can make is the same that a celebrated lecturer makes for his reason for adopting the Christian religion—that it is easier to accept it. It is always easier to follow the lines of least resistance, and when we find that seventy-five to eighty per cent. of the cases would be delivered without a doctor, and the public are perfectly willing to accept the explanation that it is God's way to do things when bad luck comes, things go on as they have been. The majority of people adopt the policy of watchful waiting.

Of all the branches of medicine or surgery, the ordinary obstetrician has been the least progressive. Optimists and enthusiasts to the contrary notwithstanding, conditions do not improve very much; true, the major operations, such as Caesarian section, have perfected a technique that seem almost ideal, but the general run of obstetric procedure is very much the same as when Washington crossed the Delaware.

Wherein does an obstetrical case differ from a surgical case? Isn't there more or less traumatism at such a time? Isn't there

^{*}Read at the 149th annual meeting of the Medical Society of New Jersey, Spring Lake, June 22, 1915.

prolific ground for infection? How many women are junked by such infections?

Infection is the greatest danger to the lying-in woman, and no doctor who is not familiar with the latest technique in surgical knowledge should attempt to take care of obstetric cases. The toll of this one disease is frightful, next to gonorrhea it is the most prolific cause of oophorectomy. Gynecologists have waxed fat on bungle-some midwifery.

How do you proceed with a surgical case, do you not make a thorough examination of the patient, including the heart, lungs, kidneys, blood-pressure taken, and fix the time for the operation according to

your patient's condition?

What is the mortality from such a procedure? Read Mayo's, Crile's and other statistics. Should not the same thing apply to obstetrics? Should not a physician have a thorough knowledge of the patient's anatomy, a positional knowledge of her embryo? Should not the heart, lungs, kidneys be tested, and shouldn't the doctor have full knowledge up to the time of her delivery?

The proper methods to be pursued in such cases have been so elaborately elucidated in our various text books that no one can misunderstand them, and it should be absolutely foolish for me to undertake a better explanation. Some doctors claim it is unnecessary to go to all this trouble, it takes far less time to find out all these conditions in a woman, than it does to examine a case of pneumonia, typhoid, or cardiac trouble.

The greatest drawback to this method of procedure is the indifference of the medical profession, and the objection of the patient, and the only way to overcome these objections is for the medical societies to agitate this subject and get a uniform action of the medical profession and give the public to understand that it is for their benefit and no self-respecting doctor would attempt to deliver a case sight-on-seen.

It is a very difficult thing for one or two doctors in a community to start these things; it is remarkable what superstitution there

is in the public mind.

What is the usual method of procedure? The doctor is engaged, and ofttimes it is the cheapest one in the neighborhood, in fact any doctor can do obstetrical work. Recently a vote was held up in United States Senate because a leading member of the body who is a doctor, was delayed by an obstetrical case.

Time is computed nurse engaged, baby's

outfit made, and then sit down and wait for the tide to come in. And right here, about the nurse. Any old nurse is fit for confinements, fat women, women with asthma, unable to do anything but sit around, are considered most excellent, women with procidentia uteri and profuse vaginal discharges are very popular in this line of work.

What can be accomplished by a throrough examination? Deformed and contracted pelves, tumors of the uterus, bony tumors of the birth canal, multiple pregnancies, positional knowledge of the foetus and various toxemies of pregnancies, etc., can be discovered.

What can be avoided by such procedure? All emergency operations, transporting the patient to the hospital at the last moment, preparation for most anything that may occur, induction of labor when necessary, saving the life of the mother or from a life of invalidism. Saving the life of the child, and saving various injuries to the child from the application of the forceps, and faulty positions early recognized.

The Sloane Maternity Hospital reports three per cent. of infant mortality during the first two weeks of pregnancy, which they claim could be reduced by better ob-

stetrics.

No doctor should attempt to attend a case of obstetrics without going prepared to do a minor case of surgery in an aseptic manner, the majority of cases have ample time to prepare for the emergencies even after labor has commenced.

Water should be sterilized, instruments sterilized, bed chamber prepared, and everything necessary, to be had in readiness, instead of sitting around trying to help the patient; these preparations can be performed and if not necessary, no harm done, and nothing wasted.

No doctor should do obstetrical work without having a thorough sterilized outfit ready so that he can go whenever called without looking for anything that is neces-

sarv.

The Remedy—Agitation among the medical profession, better hospital facilities for

lying-in women.

One word about the hospital facilities: Millions for defense, but not a cent for tribute seems to be reversed, for there seems to be ample provision for the injured woman, but a very small space alloted to prevent this damage. Hospital facilities are inadequate all along the line. Here again superstition plays her role, for a

great many people think it a disgrace to have a child born in a hospital.

Establishment of clinics to give the expectant mother knowledge of her condition.

Some States do not have registration of births, others are very indifferent, New Jersey recently added to her birth certificates, what has been done to prevent ophthalmia neonatorum. I do not know but what a more extended report should be returned with the birth certificate, including pelvic measurement, and the condition the woman was left in at the termination of her puerperium, including injury to the soft parts, and the temperature record.

The subject of the midwife naturally comes up here, and I must say it is the biggest farce ever perpetrated on the unsuspecting public. The majority of them are very ignorant, and know nothing whatever of asepsis. The midwife must go and be

replaced by a trained nurse.

The trained nurse too often shows a woeful lack of training in this kind of work, due to the scanty instructions she receives in the ordinary hospital; recently a most excellent chief nurse was surprised to see rubber gloves used in the delivery room, while they were used in great numbers in all other departments.

It has often been said that more cases of puerperal asepsis have been found where doctors have been in attendance than midwives, but of this I can find no reliable evidence; one thing is sure, the doctor is not always to blame, for often he is sup-

plied with a streptococcic nurse

Medical colleges should give more time to this branch of the subject, and the State examining board should be more particu-

Should every obstetrical case be attended by a specialist? A member of this Society in writing a paper for the laity to read, says, that every case of gonorrhea should

be attended by a specialist.

What is a specialist? I heard Dr. Deaver say, it took seven specialists to make one good doctor. A college degree, or a high school education with two years scientific work before you enter the medical college, four years in medical college, one year in the hospital, and then go out and hang up your sign and turn every case of gonorrhea over to a specialist!

While it is true that the technique of major operations cannot be acquired by all—that comes with experience and constant hospital work—yet, I claim that any physi-

cian can attend an obstetrical case in a scientific manner if he wishes, the older graduates who did not have that training should familiarize themselves with the latest technique in obstetrical work, while the younger ones have no excuse.

The fee you say is prohibitive, for that who is to blame? Doctors should command a fee commensurate with their services in all cases; the same people who pay two hundred dollars for an appendicitis case, will expect a doctor to attend an obstetrical case for ten or fifteen dollars. equal social conditions, the ridiculous lowwage scale paid to the class of people who have children, lowers the compensation for this kind of work, and right here comes the economic question, and sad to relate, a professor has recently been discharged from the university staff for advocating wages for the working class that will enable them to live a decent life. Corporations are always ready to divert men's minds from earthly woes to heavenly bliss, but what the doctor needs is for the working class to be paid enough money so they shall be able to pay him adequately for his

Even the New York janitors say that women of the better class cannot have children, but the Italian fruit woman around the corner can have them, and she does have the great majority of them.

The women themselves are more or less to blame for this state of affairs, for most of their conversation and time is devoted

to dress.

Watch their eyes when they attend church. You don't have to ask whether a man is prosperous, look at his wife's clothes.

Dr. Cabot says they don't make good in the medical profession, and a great many don't as mothers, nevertheless, the fondest memories of our lives cluster around the magic name of mother.

People are eager to find out how to care for the child after it is born, but few are eager to find out how to care for themselves before the child is born, and until the doctors devote more time to this sub-

ject, the people will not do it.

The high mortality and morbidity stastistics in confinement cases justify me in presenting this subject, with the statement, that every obstetrical case should be considered in the same catagory as a surgical case, and all the care, attention, examination, and study that we would make with a surgical case should be used, and no doc-

tor who is not familiar with the latest technique in surgery has a right to attend a lying-in woman,

When the doctors make a concentrated effort along these lines, then this branch of our noble profession will be elevated to the station to which it belongs and the prenatal care and scientific midwifery will at last exclaim, as the American Indian did when he saw the ships of Columbus, "at last we are discovered."

Toward this high end—that puerperal sepsis will be as unknown to us as yellow fever or small pox, and that women can give birth to a nation without being left in a damaged condition—I am sure that every loyal member of our noble profession will contribute her or his share.

DISCUSSION.

Dr. Thomas B. Lee, Camden: I have been very much interested in Dr. Fithian's paper for two reasons. In the first place, while it is rather ancient history, it is perfectly true; and while all these things were known to us, we forget about them at the proper time.

Another reason is, because in the last six months there have been three cases referred to my department in the hospital, of puerperal sepsis. One case was traceable to a midwife, who used dirty olive oil to lubricate the birthcanal. In another case the nurse (supposed to be a good, practical nurse), examined the patient and reported to the doctor. This was done with the doctor's permission, and his approval apparently; and now, you see, it is not just the doctor that is at fault, or the nurse that is at fault; it is everything at fault. Then another case (the third case, which just slipped my mind for the moment), a patient who had nephritis, was uraemic, and blind from that cause, had been examined I think five times during the week prior to her admission to the hospital, without anything more than an ordinary washing of the hands; no gloves used; no antiseptics used; so you see the blame is pretty evenly distributed; and this demands a readjustment of our duties, or the dutics of the profession to the obstetric patient and the nurse to the obstetric patient and the public to the obstetric patient.

Dr. Thomas N. Gray, East Orange: I want to say a word or two for the midwife. Just as long as there are women to be delivered of children, there will be midwives, and it seems to me the proper attitude of our profession toward the midwives is to try to improve them and raise them to a better standard. In the city of Newark to-day there is an institution -a maternity hospital-which has been in operation only a few years; but in that length of time they have turned out one class of educated midwives. These women were taken into the training school for a three-years' course, not alone to prepare themselves for nursing in the lying-in room, but also to be taught thorough midwifery; and any one of them is competent to attend complicated as well as normal labors and more competent in fact to deliver a woman, than some physicians I have known.

The institution has gone further than this; it called a meeting of midwives—the uneducated midwives—of the city of Newark—and these midwives now have an organization of over fifty, eager to improve themselves, glad to have physicians come in and give them lectures to help them up to a higher standard; so I say it is the place of the profession to do what this Newark organization is doing—try to elevate midwives to the point of competency for their work.

Dr. J. Finley Bell, Englewood: I do not agree with the title of Dr. Fithian's paper, namely that "Every Obstetrical Case is a Surgical Case." Surgical procedure as I understand it includes pathological condition. Normal child-births are in the majority-and are physiological process. They become pathological only when abnormal and these abnormalities require a degree of profes-sional skill and attainment as thorough and competent as in any other field of medicine or surgery. The trouble is that a large majority of complications and fatalities in child-birth arc unforeseen even in the hands of trained medical practitioners. It would not be expected that an untrained midwife those supposed to be trained would recognize these complications as soon as the trained physician. When she does recognize them she is unlikely to appreciate their importance and in addition must consume time necessarily valuable, in search for trained medical help. I do not agree with Dr. Gray that a midwife or a class of midwives can be elevated to do properly the class of work required in obstetrics. Extensive preliminary training which the midwives never possess is necessary upon which to build sufficient skill for this work. Midwives are made necessary by prevailing abnormal, unjust and short-sighted economic conditions under which a large majority, as Dr. Fithian says, of the child-bearing women of the country are members of families of insufficient income to secure the skilled attention they should have and to which they are entitled. One never finds the wives of the well-to-do patronizing midwives. They procure trained physicians.

When this country becomes really democratic it will provide its proletarian mothers with all the necessary safeguards at present thrown around those that are well-to-do.

When one considers the absence or limited preliminary training of midwives, the futility of inculcating special training among them must be apparent to anyone who can recognize the far reaching importance of the strictly medical and surgical character of the work.

When a woman is hailed before court for an offense or crime in accordance with statutory rules the judge asks if she has counsel. If she says she cannot afford it, the judge appoints a regular licensed member of the legal profession to defend her. For such a defense a liberal fee is provided from the public funds, amounting, I am told in some cases to \$500. If this same woman should enter the perilous occasion of child-birth, society fails to go to her rescue; it does not provide trained medical assistance. Society does not say to the court supply an ignorant justice of the peace,

a merchant, or a farm hand to protect her interests, but a trained member of the legal profession. A demonstration of society's professional partiality on the one hand and its insincerity on the other.

If we have real interest in the coming generations, if we are to build up a worthy manhood and womanhood for the future, we must see to it that all classes without regard to financial position have one degree of prenatal, natal, neonatal and postnatal care, and that they shall have the best that modern science affords.

Dr. Maria M. Vinton, East Orange: I agree with Dr. Gray in saying that we have got to raise the standard of the midwife. But we have got first to raise the standard of the physician, there is no doubt about that; then to raise the standard of the midwife. The midwife will exist just as long as we have Germans and other nationalties who are used to having a woman to take care of them in labor. You have got to provide enough women physicians to do this, or else you have got to have the midwife in existence.

In the Health Department of New York City a great deal is being done to raise the standard of the midwife, not only by having a properly conducted school of midwifery connected with Bellevuue Hospital, where first-class midwives are turned out, but also by supervising the work of all the registered midwives of that city. No midwife can deliver a woman without studying under a license from the City of New York. Under this Board of Health there is a division of midwives and foundlings, and a corps of physicians who inspect for permits for these midwives; also a corps of nurses who go about to assist in teaching the midwives how to take care of their patients and their babies. great deal has been done in increasing the use of nitrate of silver solution to prevent blind-ness in children, by working with these midwives. I personally can say that the nurse who goes out in the district where I work to inspect midwives, has done a great deal in teaching the midwives to know what asepsis means, and how to take care of their material and the bags in which they carry their instruments.

When I first went to see one or two of these midwives to examine their bags, they had the worst looking bags you can imagine. They were dirty, and contained all kinds of things besides what they should contain; now they are in a very much better condition and the work of the midwife is undoubtedly very much better than five years ago; therefore, I think that we should assist in every way possible the instruction of the midwife. She needs our help and we should give it.

Dr. B. S. Pollak, Jersey City: I am not interested in the subject of midwifery, but I am interested in the subject of tuberculosis; and the proper management of our cases of pregnancy at the time of delivery, of course, would be an important part in the after-development of the disease. I believe that this question taken up by the gentleman who read the paper, and by Dr. Bell, however, is largely a question of economics—of economics to the State and the county. We, in Hudson County, have been considering for the last two or

three years the possibility or the advisability of erecting a county maternity hospital. The erection of such county maternity would do much to bring about a better condition; particularly would it do two things: In the first place, it would bring about a better condition of the woman and the child which is delivered; and, secondly, it would give an incentive, in the larger counties, particularly in the State, to establish training schools for midwives, which I with Dr. Gray, believe will always be a necessity, inasmuch as we are a cosmopolitan country; we will continue to have the Germans and the Russians and the Poles here, and will continue to have the midwives. I want to congratulate the doctor on the splendid paper which he read.

Dr. Nathaniel G. Price, Newark: I cannot resist the temptation of adding a few words upon the much-mooted "midwife question" which has somehow been injected into the discussion of Dr. Fithian's timely paper. Our individual judgment is apt to be tinctured by our personal encounters with the species "midwife" and we are, therefore, too prone to look at this vexing problem with myopic eyes. To deal with it fairly, we must lay aside all petty prejudices.

Newark is doing something, which I feel will at least partly solve this problem. have about ninety-to be more exact close on to a hundred-midwives in our city. After much deliberation this city has decided to temporize with the problem before resorting to drastic measures. The department of child hygiene of the Board of Health has stepped into the breach, as it were, and taken upon itself the delicate task of modernizing the viewpoint and practice of the midwife. Under the supervision of its energetic director, Dr. Julius Levy, ways and means are being devised for increasing the efficiency of the midwife. far he has enlisted the support of several physicians-I am proud to include myself among them—to give a series of lectures with the view of bringing home to the midwives the gospel of Listerism and of defining their obligation in abnormal cases. Also a competent midwife has been appointed as supervisor and it is her duty to see that the laws are obeyed and to bring to task persistent offenders.

Besides, at the risk of laying myself open to the charge of breaking a confidence, I might add that plans are on foot to afford our midwives opportunities for post-graduate work at one of our obstetric clinics and in the maward of a selected hospital. Such training would undoubtedly prove of immense benefit to them. Newark may also boast of having one of the very few training schools for midwives, in which the theory and practice of midwifery is taught systematically. It has a two-year course of attendance, is recognized by the board of examiners and its maternity ward affords the students ample opportunities for familiarizing themselves in the conduct of normal labor and the recognition of the commoner abnormalities. It seems to me wholly unjust to urge that a woman with only a modicum of brains cannot in two years training acquire at least a working idea of asepsis; it is a serious reflection upon the female sex in general and upon the goodly host

of women physicians in particular. We may, and indeed we should, look with disfavor upon the midwife who is slovenly in her technique and practices medieval midwifery, but the best way of aiding humanity at large, at present at least, is to extend toward the erring midwife the helping hand rather than the cold shoulder of condemnation.

Dr. Emma M. Richardson, Camden: I wish to add my word not, however, in favor of the midwife. I think at the present time when there is so much being done along other lines, that we should have maternities where women who cannot obtain competent help at home could be taken and properly cared for during their lying-in. Give these midwives an education and let them take care of these women in the maternities.

This morning before starting from home, a young woman was brought to my office, who, previous to her confinement, was strong and well developed. She was confined four weeks previously; now thoroughly septic, both tubes and ovaries are involved and she has mastitis of both breasts. This condition was the result of a midwife's ignorance. The midwives in our city are miserable. The one referred to above, has been prosecuted more than once and I think she is about as dirty a woman as I ever saw. We have another midwife practicing in our city who has two leg ulcers. If that isn't a prolific source of infection I don't know where you could find one.

As a previous speaker has said: "If a woman goes into court without counsel, the court promptly assigns counsel, and the best. Why not give the expectant mother that same opportunity of defending her health when she is bringing forth the future citizens?" I think it is far more necessary to provide proper medical attention for a mother during her parturition than to provide legal defense for the woman who comes into court without a lawyer.

Dr. Sarah R. Mead, Newark: I say I wish that we might have maternities, as Dr. Richardson says, where these poor women may go and be delivered safely.

Dr. Fithian, closing the discussion, said: I know the hour is too late for any extended remarks. It is an established fact that women can become auto-infected, yet the profession must not get away from the idea that this seldom happens, and when infection occurs something is wrong with the technique.

I never saw a midwife who knew anything about asepsis. A trained nurse is far better, you can't train a midwife by giving her a few lectures, they must have real training in a hospital. The midwives we have in Camden are graduates from New York schools, and are absolutely ignorant. Why, recently, one came in my office with a pint bottle of ergot and asked how often it should be given to make a women have a baby.

In regard to hospitals, counties should take up this matter and provide a place for lying-in-women, it is quite as essential as providing a home for tuberculosis patients, and many other things they are spending money for to-day.

THE MEDICAL WITNESS.*

By William J. Arlitz, M. D., Hoboken, N. J.

In a recent trial cause, Justice John Ward of the Supreme Court of the State of New York remarked that too many medical men come into court and swear carelessly. He said it was really refreshing to have a doctor give an honest opinion. This is from a learned jurist with the courage to express a conclusion based upon repeated experiences. This summary of an honored profession presumably followed by gentlemen of learning and of importance in the community is worthy of consideration.

The medical witness is undoubtedly the most discredited unit in the various professions. With his colleagues his status is without merit, with the laity he is a commercial asset, and the judiciary consider him a suspicious character. The exceptions to these prevailing practices do not establish a sufficient impession to outweigh the dishonor with which we are regarded. Traditions of ethical measurement have been ruthlessly discarded by overacts or otherwise. Intelligence and moral excellence are no longer handmaidens. Its substitution has been moral depravity linked with intellectual power. Intelligence is prostituted by its subservience to contingency and finance. It ignores what it knows to be right and follows the wrong. Compensatory consequence is the mainspring of action. We have been dragged through the stench and mire of degradation by those who regard results first and truth last. Balances that have been struck are not true to our education and experiences.

Conclusions that are advanced are not the truthful reactions of selective judgment, critique or choice reasoning. It is no longer remembered that Hippocrates said, "There is no stronger bond among men than an oath." Court attitudes are not the result of psyshic analysis. I have in mind that honest differences of opinion will necessarily occur, but these have no place in a paper of this kind. I have heard the opinion expressed that lawyers are the cause of this questionable state of affairs. This statement is an evasion of the issue. Presumably law is the perfection of reason and miscarriage of medical justice cannot take

^{*}Read at the 149th annual meeting of the Medical Society of New Jersey, Spring Lake, June 23, 1915.

place unless the dominant factor is a mem-

ber of this profession.

If justice is the great standing policy of society how can we reconcile our attitude in permitting these illegal practices or malpractice to continue? It is granted that there are two sides to all medical and surgical questions. It is admitted that these questions are debatable, but after all the range of difference is not that which we notice in medico-legal cases. Have we in mind the old proverb "Let justice be done, though the heavens fall?"

To serve justice honorably and intelligently we are irresistably brought into touch with the moral side of the law which demands obedience to its precepts and we should follow right in the scorn of consequences. It is a notorious fact that opinions of lay jurymen are of more consequence than that of the skilled medical ex-

aminer.

I have had occasion to see the presiding jurist in a case examine the plaintiff, diagniose the condition, measure the disability and award the compensation. You are amazed at a situation of this kind and I venture to say that you believe that the court has usurped privileges that belong to This assumption on the part of the court is nevertheless warranted. Any one who has followed this line of work can readily understand why a thing of this kind happens. It is not because of the complexity of the issue, but because of the indefiniteness of the problem as advanced by either side, and because of a lack of belief in the honesty of the medical witness. These complexities are not confined to any particular type of cases and are extremely common in litigation in connection with the compensation act. To illustrate—An individual sustains a trivial injury which incapacitates him for a few days; sometime after he has returned to his occupation, but because of lack of work or because of neglect of duty on his part he is discharged. He forthwith commences an action to recover damages for an injury of the permanent type. His only assets are subjective manifestations. Cases of this kind are usually without merit, yet is it surprising how many medical men will testify in cases of this kind. The subjective symptom case is the one above all others that has placed us in this unenviable light and a few illustrations may be entertaining. We have the type without objective lesion in which the attending physician refuses to testify. His failure to appear is not because of lack of

qualification, but is due to the fraudulent character of the case. Such cases rarely fail to purchase testimony that is for the purpose of influencing, and does influence the jury. This testimony as a rule would have no influence with a body of this kind and rarely influences the court who is familiar with the purpose of its production. It is unscientific, rambling, illogical and disjointed, yet it influences the jury, and after all this is the purpose for which it is produced. We have the medical witness who qualifies as an expert in surgery, the one who qualifies in neurology, those who qualify as experts and specialists in various lines for the purpose of testifying, and we who are familiar with the facts are not in a position to controvert the fallacious balances that have been struck in ignorance and with dishonest intent. Perhaps the most credited of all medical witnesses is the one whose field is that of psychiatry. His strong point is in questions of testamentary capacity. We are astonished to learn from him that about 95 per cent. of all cases of nephritis and arterio-sclerosis are of unsound mind. This is especially so if they have left any property and dissatisfied relatives. You can measure his field of usefulness when I tell you that in about 50 per cent. of all homicide cases in the State the defence is insanity. Then, again, we have the near psychiatrists, singly or in numbers. I have in mind five of them who testified that a plaintiff was suffering with traumatic dementia, that he was incurable and that it would be necessary to confine him in an institution for such cases. There are wonderful possibilities in cases of this kind. Dr. —— of New York, a wellknown neurologist, testified in this case that the plaintiff would make a complete recover in a short time. The jury believed the five near psychiatrists and gave a verdict of \$50,000. \$39,000 was taken in settlement. Within less than one year's time this plaintiff who had gone into business as a contractor in New York City had more than doubled this amount of money. Apparently New York City is the place for an insane man to accumulate wealth.

Another favorite theme of the medical witness is the hernia problem. This is one of the questions that is discussed as frequently as any in negligence litigation. For the betterment of his understanding, I would refer him to an exhaustive examination on this subject by the United States Government and by the Compensation Com-

definite goal.

mission of the State of Washington. If he is a disciple of the trauma theory he will have a rude awakening. I do not want to neglect the medical competent, who never finds anything. He plays quite a conspicuous part in this tragedy. We are too familiar with those who line up in battle with the purchasing power, those whose mental attainments are of the most elastic kind. I have also in mind the witness who is always willing to volunteer explanations and delight the jury with his apparent store of knowledge. This often gets him into a lot of trouble, befogs the issue and leads to no

I question if I have enumerated anything with which you are not familiar. could talk on this subject for an indefinite period, but after all the main point at issue is some remedy to cure this distressing plague. Some of you are going to take exception to some of the things I have said, but it is a picture of twenty-five years in this line of work. Legal, medical and various methods have been sought to arrest this evil without result. A way to prevent these faults and induce a general betterment would be by the appointment of a commission of medical men whose duty it would be to make examinations before trial, measure the extent of disability or incapacity, determine the permanency and the sequellae and submit the unbiased facts to the court either as exhibits or by personal Should differences of opinion testimony. exist among the commission these differences should be presented in the usual way.

It can be held that a proceeding of this kind would be illegal because it would abrogate questions which are essentially for the consideration of the jury and these technical rights would immediately be taken advantage of by the contesting lawyers in the issue.

You may also find objection to a commission of this kind, because of the qualifications of the appointees. The inference would be that young men without the necessary experience or incompetents with political influences would secure the positions. I think this could be overcome if a committee of the State Society would act in conjunction with a committee of the Judiciary in preparing a bill for legislative en-Incorporated within this bill should be the essentials required by the State Society—to wit: That a medical man to serve on this commission must have been actively engaged in the practice of medicine and surgery for at least ten or fifteen years; that for at least five years prior to the time of his appointment he was a senior visiting physician or surgeon to a recognized public hospital; that he must have a sufficient knowledge of accidental surgery and the sequallae and of neurology to meet the approval of the committee of the State Society which has assisted in the creation of this commission. These appointments should be for a period of seven years at least. I mention a term of this length because it is my belief that better service would be secured if the appointments were for a considerable period of time. These appointments should be made by the Governor, subject to the recommendation of the committee of the State Society heretofore mentioned and should be in proportion to the population.

Gentlemen, a measure of this kind, sanctioned by and advanced on behalf of the honorable Medical Society of the State of New Jersey woud receive immediate attention and commendation from all sources. It would indicate to all concerned that we recognize the errors of the system in vogue and that it is our desire to correct and abolish existing evils. Perseverance in our effort to sway brain and conscience over contingency must be our maxim, and to despise those whose talents are subsidized by commercial utility.

DISCUSSION.

Judge William H. Speer, Jersey City: I regret very much that I shall be unable to be personally present, as I had expected to be, to discuss the paper of Dr. Arlitz on "The Medical Witness," but the requirements of my public office will prevent me, and so I must content myself with transmitting to you in writing a few thoughts on the subject.

Dr. Arlitz's paper is at once timely, brave and truthful. It is infinitely better that one of your own number should tell you the truth about the medical witness than that criticism of him should originate with an outsider. Now that Dr. Arlitz has broken the ice, and in the light of your invitation to me to discuss his paper, I trust I may be permitted to say that he has told the truth in a clear and forceful way. All my experience confirms it. Some doctors are good doctors and poor witnesses; some are good doctors and perjured witnesses; some are good doctors and good witnesses, and still others are just poor doctors.

I have seen, again and again, a doctor rub his Aladdin's lamp of theory with the sleeve of his greed and bring into being a piece of testimony which it were charity to his honesty to say must have proceeded from his ignorance. I have seen many a doctor lock his logic in the cell of silence and stagger through the streets of science with a load of Logorrhea. I have seen some doctors qualify as experts by the recitation of a string of professional and official

connections, and then give testimony whose gossamer-like and tenuous prognosis compels the reflection that it were better for the public that the testimony should be perjured than that such an ignoramus as the testimony, if true, showed him to be, should be so widely, ignorantly and harmfully active. This rests upon the principle of public policy that it is better to have one spurn the statutes than dozens dallying with druggy death.

Yes, gentlemen, there are crooks and incompetents in your profession. This, however, is no indictment peculiar to your profession, for there are crooks and incompetents in all professions—in law, banking, religion, everywhere.

The great question is, as Dr. Arlitz states it. "What are you going to do about it?" Dr. Arlitz offers one solution which, with varying details, has been widely suggested and approved. But there are some preliminary proved. But there are some preliminary matters to be considedred before you lend assent to that or any other change. Mere change is not necessarily beneficial. It may be highly injurious. The first preliminary consideration is whether such a change as suggested by Dr. Arlitz is both necessary and desirable. This in turn depends upon whether the present system is incurably vicious and upon whether such a change would better conditions. It seems to me that the present system is not incurably vicious and that the change might be fraught with greater harm than good. Are your State and County Medical Societies doing all that you should do to keep the pofession clear of crooks? Do you, as do the lawyers through their Bar Associations, seulously seek to remove the crooks from your ranks? Have you any agency for the detection and suppression of malpractices? If you haven't you are not doing your full duty and an honorable body of practitioners are being constantly depreciated in public estimation by the malpractices of a few unworthy members. It would seem to me to be an unjust reproach to your profession to say that it is incapable of keeping its ranks reasonably clear of fakirs, crooks and incompetents.

Surely the members of your profession are no less reliable than the rest of mankind nor any more regardless of truth. Is it then desirable to single out the medical profession and put upon it alone the stamp of untruthfulness and unreliability? Expert testimony is not confined to medical witnesses. Dentists, engineers and hosts of other professional and business men are called upon to give expert testimony. If a change is to be wrought it should be wrought in the whole field of expertism or else not wrought at all.

A second consideration is that it is not at all clear that the greater fault does not lie with the jury system in this regard. It does seem somewhat unreasonable to call witnesses to moot a scientific question and then leave the decision thereof to an unscientific body of men. Would it not be much better to have a law providing that the judge might call in, in any case, medical or otherwise, one or more experts to assist in the decision of expert questions on the trial of any cause? This would do away with the common charge against experts that they take sides and are purchaseable, and it would not single out any profession

for invidious criticism, and at the same time it would enable the jury to judge of expert questions with unbiassed scientific assistance.

Dr. Thomas W. Harvey, Orange: There are just three things I want to say about this matter of expert witness—medical witness. In the first place, the term as used is incorrect; the ordinary expert medical witness is an assistant counsel; as assistant counsel he does as his legal brother does who is engaged in the case—makes the best of the side for which he is paid. I think if he was called by the proper name, it would make a good deal of difference in our idea of an expert medical witness. In the second place, it is insisted upon the part of counsel and judge that a man shall' answer yes or no to every question that a legal mind can possibly present to us; and the third thing is the absurdity of the hypothetical question. I think it is an outrageous abomination. I have served on both sides-both on the side of the defendant and the side of the plaintiff; and I never saw a hypothetical question that I could answer with any honesty to myself.

Dr. Gordon K. Dickinson, Jersey City: Dr. Arlitz's paper is a delight for correct, grammatical diction and epigram. It is right to the point and easily followed. There is hardly one of us but what at some time or other thought we were just the best experts in town, and took a chance at it because there was good money in it, and there was the pleasure of getting back at the man on the other side. But any of us with a conscience and regard for ourselves, very soon found that we were quickly discredited, first, at the case, and, secondly, with the community. Any man now, with very few exceptions, who goes to court with some regularity as an expert, is a man who is considered to be off. His character is not the best. He is under suspicion. I don't think our best men are given to going to court these days. They have too high a regard for their profession and for themselves. It is almost impossible for a man to go in on one side and accept money and not be influenced by the money, and by the personality of the lawyer who is working around them; and they work him. There is hardly ever good, scientific, accurate work done by an expert; and if Dr. Arlitz, or Judge Speer, or someone else can suggest a way of obviating the difficulties which we have at court-and we must have it because our profession needs it-they render a good, great service.

Dr. Edward J. III, Newark: I am very much interested in what the doctor has said. There isn't any question that this is a serious question to the medical profession. It is the canker-sore of the profession. I would not think of going to court as a paid expert witness. Expert testimoney has been a disgrace to the profession. Neither the court nor the jury believe one word we say; because they know we are paid for saying that word. On the other hand, go on the witness-stand and let the court and jury know that you are not paid for it, and you will have a great deal of influence. If a medical brother is in trouble and we go to help him out, the court knows that we are

not paid for it and our testimony is worth a great deal to the court.

The only way that I can see to get out of this difficulty is to publish such papers as the doctor has read. It is just as well to let the people know that paid expert medical testi-

mony is generally worthless.

The Germans have a good method. The plaintiff and the defendant can both have as many medical experts as they like; but the court is allowed one witness, who is the court's expert and subject to cross examination. If this expert does not feel satisfied in the matter, he can call a consultant. If the two don't feel satisfied or if there is a difference of opinion, they go to the nearest university and get one of the learned men of the university to help them along. The opinions of those three men are final, so far as the court is concerned. Both sides, however, have the right to employ "experts" from wherever they like.

Dr. Walter B. Johnson, Paterson: I think that we must have medical experts. Of course, if all medical experts say: "We are the only ones; the other fellows are all wrong"; if each one holds that his testimony is quite correct and good in the same manner as the author of this paper does, and that the other brethren are always wrong, the expert must be mistaken, it can't be that all the other brethren are in the wrong; there must be one or two of them who are proper medical experts. Everybody on trial is entitled to the constitutional rights of an individual, to employ as an expert one who has the ability to give such testimony as he thinks he needs for the defence of his case. If, as Dr. Harvey says, the medical expert is an assistant counsel, then he should be employed as an assistant counsel with or without testifying himself. What I mean by that is, that he should sit with the legal counsel and direct the counsel as to the questions to ask the experts who did appear either for prosecution or defence. In this manner the confusing questions asked by counsel either through ignorance or design might be eliminated. I think, perhaps, that is the justifiable position for us to take; but if this paper which Dr. Arlitz has presented, or any other paper that might be presented, by any other medical expert, is going to be distributed broadcast for an educational purpose, there are certain suggestions in relation to the dishonesty of such of our body-of our brethren-involving so many of us, that it might be a question whether it would be desirable to exploit such a paper, inasmuch as the statements are in the main false by inference, at any rate, if it were to be accepted for publication, it should be very carefully reviewed by the Publication Committee and all unjust reflections eliminated.

I don't testify as an expert myself; I keep away from the courts if possible altogether: I don't want to be an expert and I hope 1 never will be an expert if it should entail submission to such unjust imputations.

Dr. Arlitz: Closing the discussion said: I would like to say in answer to Dr. Harvey's statement, that a doctor is never required to answer yes or no on the witness-stand. A doctor is always permitted to qualify any answer that he may give. That is the cheap trick of the cheap lawyer who demands a yes or no and tries to embarrass a physician.

Dr. Ill mentions the system in Germany. They have a very good system; it is the best in use at this time. In Germany the workman, the employer and the state all pay a certain percentage to the government fund, and no matter what the verdict may be, it is taken out of that general fund, and in con-

sequence everyone is protected.

So far as Dr. Johnson's remarks' go, I may say that I am one of those who have been unfortunately, a medico-legal expert. It is absolutely necessary for some men to do this line of work; to sit at the table, consult and advise counsel and to testifiy and to controvert fallacious statements that have been made with dishonest purpose. If that wasn't done, the condition would be a great deal worse than it is to-day. Many men go on the stand without fear of cross-examination. My experience in twenty-five years of this line of work is this: That counsel for the defence rarely tries to embarrass a witness whom they are satisfied is telling the truth.

THE TREATMENT OF OLD BRAIN INJURIES.*

By Martin W. Reddan, M. D., Trenton, N. J.

The object of this brief paper is to meet broadly the more or less general tendency in the profession to say "What's the use?" in considering surgical treatment for physical and mental deficiency due to old brain injuries. Specific cases show that a potent agency for relief is being neglected because of this attitude. Beneficial results have been accomplished by operations. We may not always get a complete cure, but we can so improve the condition of the patient as to earn his gratitude and that of his friends.

Why, then, should the profession persist in the cui bono frame of mind? We probably have one explanation when we consider that the percentage of mortality in operations for brain tumors is high and the percentage of failures to cure is still higher. Then the seeming inability to do any permanent good in epilepsy has a convincing effect on others. Limitations must be admitted, but an injustice is sometimes done sufferers by a sweeping condemnation of brain surgery.

I have nothing to offer in diagnosis or technique. Our medical books have so

^{*}Read at the 149th annual meeting of the Medical Society of New Jersey, Spring Lake, June 23, 1915.

thoroughly covered this ground both in text and illustration, that I will not tax your patience to go over this phase of the subject. In reference to the books, however, I may incidentally remark, that some of the latest volumes do not even refer to the possibility of help for mental conditions by an operation. In this respect, I regard them lacking.

When Is An Injury Old?—I would class as an old injury one which was not treated within a week after its infliction. This delay may be due to failure to recognize the condition, to absence of symptoms, or the hope that the symptoms may clear up in time; and, in the case of children, that they

will "grow out of it."

What Are Hopeless Cases?—At the present time I would class as hopeless: Diplegics, paraplegics, epileptics. The two former because of the extensive lesion necessary to produce the condition and the latter because of practically uniform failure to effect a cure of epilepsy. I would not, however, refuse to operate on an epileptic who presented abnormal mentality, because I believe we can effect an improvement in the mentality of such a patient. I use the terni "abnormal mentality" in preference to feeble-mindedness, because some of these cases have a mind that seems hyperacute. Unfortunately this acuteness often takes the form of well-directed viciousness, generally stealthy in character. Mothers have told me they dare not trust such children out of their sight for fear of what they may do. They are especially fearful of leaving them alone with other children because of the harm they may do to such other children.

What Are the Hopeful Cases?—I would class any hemiplegic presenting abnormal mentality as a hopeful case, especially so, if we can find any depression of the skull; those cases with motor aphasia and children having convulsions or palsy due to pressure.

It is in these latter cases that the most brilliant results are to be obtained because the skull is not usually fractured but bent in much in the same manner as a dent in a brass bowl. In such cases there is no laceration of the brain or its meninges, and consequently no hemorrhage or irritation of the cortex. It is about the same as if you gradually applied pressure with your finger.

But as Sharpe says: It is not so much a question of ascertaining the presence and site of the fracture, but rather the finding out whether or not there is an increased intracranial pressure; and if there is, then

directing the treatment toward a lowering of this abnormal pressure.

What Are the Morbidity and Mortality?
—The patient is generally out of bed in forty-eight hours and is discharged from the hospital in at most ten days, generally sooner; the reason for his remaining this length of time is principally for a short observation of the effects of our operation. In twenty cases I have had no mortality.

What Are the Results?—In some cases nil; on others, more or less improvement; in a few instances, apparently complete cure. But this question may be better answered by briefly citing a few typical cases, ranging from infancy to advanced age:

E. H., aged 5 weeks, instrumental birth; marked depression of left parietal; slight palsy right leg and arm and left angle of mouth; convulsions after third day, increasing in frequency until the day of operation when they occured at fifteen minute intervals; operated February 24, 1915; palsy gone next day, convulsions growing less, entirely gone in one week.

C. H., aged 3½ years, instrumental birth, very slight depression over left motor area;



C. H.—Impaired Mentality, July 15, 1914, Before Operation.

violent temper; bites and kicks anyone who opposes him; very mischievous and destructive; mother must watch him every minute he is awake; operated August 12, 1914. These bad habits have entirely disappeared; is allowed to go alone to nearby store to buy various articles and is learning to write.



C. H.-June 13, 1915, After Operation Performed August 12, 1914.

L. C., aged 15 years, instrumental birth, depressed fracture skull over left motor area; palsy right arm; some weakness right leg; has had epileptic convulsions; very low mentality; cannot be taught to read or write; unsafe to trust alone; tries to do bodily harm to other children; must be constantly attended by mother, cannot dress himself (both parents neurotic); speech very imperfect. Operated April 27, 1914. July 11, 1914, power improving in right arm; talks much better; is now able to write a childish letter and is left alone in charge of house and goes out alone; convulsions absent for three months.

J. S., aged 57, depressed fracture of three years' standing, three-quarter inch to right of occipital protuberance; no palsy;

mentality progressively failing until, at time of operation, he was extremely unclean in his personal habits, discarded all table utensils and fed himself very primitively by simply taking food directly into his hands, smearing most of it over his face and clothing; unable to form slightest intelligent sentence; very morose and sullen. Operated August 7, 1913.

On recovery from the anesthetic the man, who was a Hungarian, asked in English for a glass of milk. He is now a perfectly competent workman and is able to earn his own living.

I feel, in conclusion, that we have accomplished something worth while if we can convert a vicious, dangerous, intractable child into one that is free, or nearly so, from vicious habits. I think, too, that we can say that we have been successful when a child that previously was unable to acquire even a rudimentary education, demonstrates some ability for learning. To make a self-supporting, useful individual of one who has been little better than an unclean animal is still more encouraging.

DISCUSSION.

Dr. Henry A. Cotton, Trenton: I haven't very much to add to Dr. Reddan's paper. I must say I have been very much interested in the work that he has been doing and the work of others who have been attempting to remedy attacks due to traumatic conditions of the skull-of the brain. I think the tendency has been to be too conservative in these conditions; for that reason I admire any one who will take the risks and who will do operations on these cases with the possibility of benefiting them. Of course, there are failures as well as successes; perhaps the failures are greater than the successes in these cases.

I saw a case two years ago from Perth Amboy where a man dived for a rope on a dock and the rope had been pulled away by another boy and he struck on a pile on his head. He went along six years in a demented condition with convulsions, aphasia and various other disturbances. Dr. Booth was called in consultation; he was taken to New York and he was operated on; a cyst about the size of a dollar was removed from the left parietal region, and the boy brightened up; his aphasic disturbance disappeared; he became bright and intelligent. The subsequent history of that case was rather interesting; because, a short time ago, he was admitted to our hospital. He had a period for about two years in which he was apparently normal; he gradually became worse and he died in our hospital at Trenton; the autopsy showed that the temporal region on that side had become softened-a secondary condition, which finally caused his death; but, even then, the results produced by the first operation seemed to be a little less than remarkable.

Undoubtedly, there are a great many more cases of mental disease which are due to trauma in the head than we realize. We are apt to think that because every child at one time or another gets struck in the head, without any subsequent symptoms, that these injuries are insignificant. Dr. Weeks will bear me out in the statement that the parents, in epilepsy, almost always ascribe the trouble to some accident the child had in early life; and we are apt to say that is common to every child; but I think we can go too far in excluding trauma as an etiological factor. We can lose, perhaps, a valuable point by not taking in consideration some of these cases which might be due to trauma. I have seen cases of dementia praecox which could be ascribed to trauma-one case of a boy, a Princeton student, who dived in shallow water and struck on a sand or rock. It must have been sand, as it didn't injure him materially. No external injuries appeared. A few months later he became insane; and this is now a case of de-

mentia praecox. I know definitely of a number of cases with dementia praecox who have been normal individuals previous to a definite trauma to the head; and while, I say we cannot emphasize every little accident that a child has bad, at the same time, where there is a definite causative relation between these symptoms and a definite injury, and where an individual is old enough to be somewhat normal beforehand, it seems to me that the question of the trauma should be very seriously considered in the investigation. The hospital cases that we have had, suggest (a peculiarity of the trauma, in fact), that the original seat of the lesion is not the one at fault. I think you will all remember the situation of the pituitary body and the sella turcica, which is a very thin, bony structure; and you can see that the blow on the head is apt to cause a fracture in this region. One sees a great many fatal cases where a man has a blow on the top of the head and produces a fracture at the base; but in these hospital cases, the theory that we have advanced is that sella turcica has been disturbed; in other words, the fracture has occurred there; there has been callus thrown out; and that has impinged upon the pituitary body, which secondarily causes a disturbance in the function of that gland. That is merely a hypothesis; but in a way we have some evidence that this does occur and there is possibility of some work being done in that line. I think it is extremely important for us to consider these injuries as possible causative factors.

Dr. William J. Chandler, South Orange: I would like to mention, in this connection, a case which interested me very much some twenty years ago. A boy, who had, up to four years, been of ordinary mentality, was injured in sliding downhill by being stepped on by a horse, the horse's hoof striking the boy's head. Some few years after that he began to develop thieving propensities, and was very much inclined to pocket little articles wherever he went. He grew up to be a boy of twelve, thirteen, or fourteen, and was such a source of trouble to his parents by having complaints made of his different thefts, that they decided to take him to New York and see if anything could be done. A number of

New York physicians examined him, said there was no use in doing anything for him. The father brought him back to South Orange to me and said: "I wish you would look at him and see if anything can be done." Said I: "I don't know of anything likely to benefit him." Said he: "I would rather the boy were dead than to grow up and continue as he is. If there is any operation that you can do, we will assume the regronsibility?"

assume the responsibility?" I examined the boy carefully and found a little depression (it is so long ago I have forgotten many of the details), on one side or the other near the top of the head. I told him that I would take him into the hospital; it would probably not be a fatal operation; but I didn't wish to have him feel there was no risk; and we would do what we could for him. The boy was bright enough apparently, and he understood what the operation was for. He was told, moreover, the object and possibilities of the operation and he seemed to have a desire to correct his evil propensity, but said he couldn't help it. He was operated on in one of the hospitals with which I was connected, and he made a complete recovery. We found the bone depressed, the dura much thickened and strongly adherent at the point of depression. The pia mater was also adherent to the dura at that point. The habit was corrected, as far as could be seen. then passed out of my observation for four or five years; when one day a young man came up to my house, knocked at the door and said: "Don't you know me?" Well, I said, I "Well, I am so-and-so, that you opdidn't. erated on"; and he reported to me the cir-cumstances stating among other things that he had become a member of the Young Men's Christian Association and, lastly, that his record had been perfectly good ever since the operation. This is the peculiar feature of the case and goes to show that physical imperfections may act as sources of irritation and thus excite to immoral acts.

LARYNGOSCOPY BRONCHOSCOPY AND ESOPHAGOSCOPY.

By Harry Vaughan, M. D., Morristown, N. J.

These subjects mean examination by direct light of the upper air and alimentary passages.

In 1909 there were 105 fatalities in America from foreign bodies in air and food passages. The lodgement of foreign bodies in these regions are most common in infants and young children as they have an instinctive desire to test all substances with their mouths.

Coughing, laughing, crying and ineffectual attempts to swallow, draw the foreign bodies into the lower air tract.

The small calibre of the larynx and air tubes in young children increases the chance of lodgement of foreign bodies, and renders the obstruction greater in young subiects.

The nature of the foreign bodies range anywhere from particles of food to marbles, coins, safety pins, burrs and false teeth.

Symptoms—The symptoms of a foreign body in the respiratory passages are those of obstructed breathing, laryngeal, tracheal, bronchial or pulmonary irritation, and inflammation. The patient is suddenly seized with a violent choking and suffocative attack, characterized by cyanosis, aphonia, beads of perspiration on the forehead and a weak pulse. These symptoms usually subside within a few minutes, but return again in a few hours or days.

After the foreign body remains in the larynx for several weeks the spasmodic symptoms cease and the cough, etc., become more constant, often leading to a diagnosis of tuberculosis. A positive finding does not, however, exclude a foreign body. A history of spasmodic cough and dyspnoea and hoarseness followed by a persistent cough should excite suspicion of a foreign body if the patient is a small child. If the foreign body lodges in the ventricle of the larynx or in the sub-glottic space, hoarseness or aphonia is usually present.

When the foreign substance changes its position, or a fresh irritation arises, new suffocative attacks are excited. If the foreign body lodges in the trachea, bronchus or one of the bronchioles, the voice remains clear. Bronchial rales or pneumonia may subsequently develop. In some instances, the movements of the foreign body when in the bronchus may be detected by auscul-

tation.

Dyspnoea, attended, with an elevation of temperature, often leads to an erroneous

diagnosis of tracheal diphtheria.

A laryngoscopic examination may not reveal the foreign body, even though it is lodged in the ventricle of the larynx. By direct laryngoscopy a better view of the

larynx may be obtained.

To Gustav Killian belongs the credit of devising instruments whereby almost all of the respiratory tract can be clearly inspected for foreign bodies. Later, Kahler improved these instruments and Schoonmaker has even made them more practical than hitherto. Chevalier Jackson, of Pittsburg, has invented some which are in a class by themselves, for originality. He has a special hospital with trained assistants for this work and he is devoting all his time to it.

Indications—The indications are to re-

move the foreign body as soon as possible, as it may become dislodged and migrate to a new and more dangerous location. The continued presence of the foreign body may also give rise to considerable local irritation and subsequent edema or septic inflammation. Pneumonia is a rather frequent complication. In prolonged cases serious septic absorption may occur. Cases are recorded wherein the foreign body remained in the air passages for years without causing death. This fact should not deter us from their early removal, as the risks attending their continued presence in the air passages are infinitely greater than those incident to their early removal. The indications are, therefore, to institute proceedings for their removal either by: (a) Holding the child's head downward and thumping it on the back (a dangerous procedure), the surgeon being prepared to perform a tracheotomy should suffocative symptoms supervene; (b) the titillation of the larynx with the finger, in the hope of dislodging the foreign body or of exciting a coughing spasm, during which it may be expelled (a dangerous procedure); (c) the direct removal with instruments by the aid of a laryngoscopic mirror; (d)' the removal of the foreign body by the direct method with the Killian or Jackson tubes; (e) tracheotomy to relieve the suffocative dyspnoea, if cyanosis is marked, tracheotomy may also be done to establish a new avenue of inspection and for the instrumental removal of the foreign body; (f) and, finally, have a skiagraph made to accurately locate the foreign body. If it is a metallic or bony substance, its location is easily shown, whereas, if of vegetable matter it is less easily shown on the skiagraphic

Having located the foreign body, practice bronchoscopy or tracheoscopy and remove it with suitable instruments, by either upper or lower bronchoscopy, upper bronchoscopy being preferable when practicable

Treatment—The laity have usually exhausted all simple procedures before a physician is called, therefore even though the foreign body has not been removed, the suffocative symptoms often subside within a few minutes and the incident is often forgotten.

Procrastination is dangerous, as the foreign body may be inspired deeper in the air passages, instead of being expelled. If the physician is present he should be prepared to do a tracheotomy if the suffocative symp-

toms demand it. If the child is in a fairly comfortable condition it should be removed to a hospital and all arrangements for an emergency tracheotomy be made before attempting to remove the foreign body.

When the symptoms recur a few hours or days later, without the marked strangulation and coughing which characterized the initial attack, the family often see no connection between the two, and fails to report the occurrence of the first one to the

attending physician.

If the foreign body assumes a new location the violent spasmodic seizures are repeated. If suffocation is imminent, tracheotomy should be performed at once, or the child may never breathe again. When this is done the breathing is immediately relieved, provided the foreign body is in the larynx. If it is in the trachea or bronchus it may not relieve the distress unless the foreign body is expelled through the tracheal wound. As a matter of fact, it is often thus expelled the moment the severed tracheal rings are retracted. If it is not voluntarily expelled, the lining mucous membrane of the trachea should be titillated, a procedure which often causes its expulsion.

Having performed tracheotomy, which is not attended with voluntary expulsion of the foreign body, proceed to pass a probe upward through the tracheal wound into the larynx, to locate it if it is there. If lodged in the ventricular pouch or subglottic space, its removal is not difficult. Having located it, introduce slender forceps, seize it, and remove it through the

tracheal wound.

If lodged in the trachea at its bifurcation, it may be seen through a tracheotomy wound. If a Killian or Jackson tube is not available, the foreign body may be detected with a probe introduced through the wound, after which slender forceps may be introduced through the wound without a tracheoscope and the foreign body removel. This method is inexact and crude, and should only be used as an emergency measure.

If the foreign body is in one of the bronchi, its removal is more difficult. Indeed, if it is not voluntarily expelled on making the tracheal opening, or upon titillating the tracheal mucosa, a bronchoscope should be introduced through the mouth or

tracheotomy wound.

I am greatly indebted to Dr. Forbes, of New York City, for personal instruction and practical training in bronchoscopy. have practiced medicine for 19 years, but not until this year, when I took up bronchoscopy, have I gained a practical working knowledge of the anatomy of the larvnx.

trachea, bronchi and esophagus.

Aside from foreign bodies, a study of this subject will help us diagnose ulcers and stricture and enable us to make our applications directly to the diseased parts, a great advantage; then, too, many growths be readily seen and removed.

Methods—For ordinary throat work in adults use 10% cocaine anesthesia. The sitting up posture is best for throat and esophageal work. In children and in bronchial work general anesthesia is indi-

The Killian suspension method does away with one assistant, controls the muscles at the base of the tongue, makes finer gradations of flexion or extension of the head and permits of easily lifting up a long epiglottis by its sliding extension spatula. Small growths in the larynx may sometimes be easier of removal by this means.

Have long sponge holders, gauze, sponges

and a Rheiner bottle for suction.

Ermold's bronchoscopy forceps with universal handles and Jackson's safety pin tip, punch forcep tip and plate forcep for teeth

are indispensable.

Put in a mouth gag, have a tracheotomy set at hand in case of accident. A special round inhaler comes with the set. Warm up the small electric bulbs by turning on the current slowly. Use a shockless, socket rheostat as a short circuit with 110 volts on mucous membrane has been known

Failures in illumination are due to no current coming through, condensor not adjusted or dirty mirrors. Tubes should be washed and boiled to dry in soap spirits with 2% alcohol. A dummy rubber tube with a cork in the end is an excellent way to practice fishing for foreign bodies.

Remember, the trachea goes downward, backward and slightly to the right and is

 $4\frac{1}{2}$ inches long.

Distance from Teeth to:

Trachea10 to 15 c.m. Bifurcation 27 Lower Right Lobe . 20 Lower Left Lobe ...

Length of Oesophagus 25 c.m. From Teeth to Stomach 40

Right bronchus is I inch long and wider. shorter and more horizontal than the left. Left bronchus is 2 inches long and smal-

ler, more oblique and longer than the right. 1st. Landmark is the epiglottis, which you raise slightly and shove tube straight in.

2nd. Landmarks is the bifurcation of the trachea.

3rd. Landmarks are the arytenoid cartilages for the entrance of the oesophagus; for as soon as you pass behind them you enter it. Again, to go into the oesophagus always find the epiglottis, then proceed slowly with your tube to one side into the pyriform fossa, then into the median line into the oesophagus.

Clinical Reports.

Four Cerebral Abseesses-Recovery.

Double abscesses of the brain are not common and are generally diagnosed on the postmortem table. Dr. Harms in Zeitschr. f. Ohrenheilk, reports the case of a six-year-old girl who had in the course of 45 days four brain abscesses following acute otitis media with mastoiditis. Three were in the temporal lobe; one in the parietal lobe. Three were treated by puncture, incision and drainage; one ruptured spontaneously. The girl made a perfect recovery.

Albuminuria not Constant with Meningeal Hemorrhage.

Dr. Macris, in Greece Medicale, Athens, reports a case of severe meningeal hemorrhage with left hemiplegia and epileptiform convul-sion terminating fatally. There was slight albuminuria, with tube casts, evidently the result of some mild kidney trouble. The patient was a woman of 35, alcoholic, and necropsy revealed the large clot of blood on the motor zone of the right hemisphere. In a second case a man of 38 was beaten by bandits and suffered afterward from retrograde amnesia and agraphia until the accumulation of blood on the brain was removed through a trephining operation. The urine was examined for albumin repeatedly but there was no trace of albumin at any time. These two cases thus disprove the assertions of Guillain and Vincent that meningeal hemorrhage entails massive albuminuria reaching its height in twenty-four or forty-eight hours and then disappearing completely. They called attention to this in 1909 and about eighteen cases have been reported since in France sustaining their statement, but Macris' experience has been the reverse.

Aneurysm of Tibial Artery.

Two cases of aneurysm of the posterior tibial artery are reported by A. McGlannan, Baltimore, in the Journal A. M. A., who says he has found only nine cases of this condition reported since 1894, and no specimens of this aneurysm mentioned in Lamb's catalogue with reference to the Army Medical Museum. the first case he performed Matas' operation of endo-aneurysmorrhaphy and in the second his associate, Dr. E. H. Hutchins excised the aneurysm. Comparing the two methods he says the Matas' operation has the advantages of ease of execution and absence of subsequent edema of the limb, which in the other case reported gave the patient considerable discomfort. The end result, so far as they could be attributed to the operation, were about the Glaucoma Following Instillation of Holocain and Zine.

Dr. H. Gjessing, in Norsk Magazine, Christiania, further discusses a case he published in 1914 of acute glaucoma following at once an instillation of 1 per cent. zinc sulphate, preceded by a local anesthetic (2 per cent. holocain hydrochlorid). Gjessing's second patient was a man of 79 subject to acute attacks of glaucoma of the type known as glaucoma with intermittent hemostasis. The tension in the eye had been 53 mm. of mercury. The two cases teach the necessity for instilling a myotic at once after tonometry if the tension is in the neighborhood of 50 mm. Both holocain and zinc cause transient hyperemia in the conjunctiva. Plastinin, of Moscow, has reported a similar case under holocain alone.

Otitic Pneumococcie Baeteremia.

Dr. A. S. Tenner, of New York, in the A. M. A. Journal, reports a case of simple otitis media, in which bacteria were found in the blood cultures on the ninth day of the disease, following a lowering of the temperature and a general bettering of the symptoms. The condition is sufficiently rare, he considers, to be reported. Recovery was retarded a little by the complication of a bowel trouble, but was otherwise complete.

Deafness Following Mumps.

Dr. Joseph Weinstein, reports the following case in the Medical Record:

The author reports the following case: J. J., male, eight years of age. Perfectly well two weeks ago. Hearing perfect. Attended school, making good progress. Developed mumps two weeks ago, and left parotid appeared more swollen than the right. Heard normally for two days during the progress of the mumps, and for two days thereafter, when he became partially deaf and said that he heard sounds as if they were very far away. At the end of five days deafness was complete. The otoscopic picture showed that both drums were normal. Functional tests elicited complete deafness. Diagnosis: Labyrinthine deafness following mumps. The prognosis is bad, the condition being rarely affected by treatment.

Inguinal Hernia With Unusual Contents.

Dr. C. E. Farr reported these cases at a meeting of the N. Y. Academy of Medicine, February 5th:

The first case was a child five years of age, who had a left inguinal hernia containing a loop of normal Fallopian tube. The ovary was at the internal ring. The second case was a right inguinal hernia in a girl eight years of age, which was partly unreducible. This sac contained the right Fallopian tube and ovary, very adherent and with the fimbriated extremity closed. This was freed and reduced with considerable difficulty. The third case presented was a male child three and a half months of age, who had a strangulated left inguinal hernia with a hydrocele. The contents of the hernia were cecum, appendix, and a loop of the ileum, and all were reduced with much difficulty. The appendix and cecum were apparently from the right side of the abdomen.

Intestinal Obstruction Caused by Ascarides.

Dr. Takaki reported this case in the Tokyo Medical Journal.

The patient was a child 3 years of age, which presented all the symptoms of an acute intestinal obstruction. Three days after the onset of the illness the patient vomited two ascarides, and in the course of the next six days 115 ascarides were vomited. The patient's appetite improved with the passing of the ascarides and he left the hospital on the eighth day of the disease completely cured.

Transposition of Viscera in an Infant.

Dr. Samuel S. Adams, at the meeting of the American Pediatric Society, reported this case, which was attended by his assistant from the time of its birth. He first saw the baby when it was about ten weeks old. There was a complete transposition of the heart and the liver. An examination of the heart revealed all sorts of murmurs. He had seen the baby in April when it was eight months old and it was much better. It had had no attacks of unconsciousness or blueness for some time. The first sound was obliterated. He did not think the foramen ovale would ever elose. Dr. Adams exhibited a lantern slide which showed the position of the viscera.

Autoplastic Tissue Grafting from Calf of Leg.

Dr. Robert Abbe, at a recent meeting of the Practitioners' Society of New York, presented this patient, a girl, 10 years old, who had been knocked down by an automobile and run over two and one-half years before. The right heel had been torn off. The child had been walking for two years on the toes, with the help of a stick. She had a marked talipes equinus. The heel was covered by a thin scar with a hard, tender center crust. Dr. Abbe made a new heel by taking a flap from the calf of the opposite leg, putting the child's leg in plaster of Paris. The thick tissue from the calf made a beautiful cushion heel which would last a life time. The child could now walk, run, and play with other children. The graft had been taken off at the end of 14 days.

Metastasis in the Mediastinum of Cancer.

Dr. G. Mauara, in Gazzetta deli Ospedali e delle Cliniche, Milan, reports the case of a man aged 25 whose symptoms suggested to a certain extent pleuritis with effusion, pericarditis, or a syphilitic or tuberculous process in the lung, but each of these could be excluded in turn on account of the absence of certain features. The diagnosis was therefore narrowed down to a tumor in the mediastinum, and it was learned that a cystosarcoma had been removed nearly a year before from the muscles near the left margin of the sternum. Mechanical compression from the metastatic tumor explained the edema of the face and neck, the thrombophlebitis of the left upper arm, the restrosternal dulness and dyspnea.

Ovarian Pregnancy.

Dr. I. Collin reported this case in Hospitalstideude, Copenhagen, March 31.

The patient was a young woman who had an abortion at seven months and a year later presented symptoms suggesting a ruptured tubal

pregnancy six weeks after menstruation. The operation revealed that the trouble was a ruptured ovarian pregnancy. Collin gives an illustration of the specimen and compares with it the similar cases on record, of which he has found 50. More than 50 per cent. had not reached the end of the second month and the operation forestalled rupture in a third of these. Only 6 or 7 cases are known in which the pregnancy had progressed beyond the third month up to the eighth, and 3 in this group died after the rupture. In 12 cases the pregnancy had progressed to term, and in 4 of these both mother and child were saved, and in 3 both succumed: in 4 the child was dead. but the mother survived, and in one the child survived, while the mother died. In 10 cases the fetus had become a lithopedion and in 3 other cases the presence of the pregnancy in the ovary was a necropsy surprise.

Treatment and Splenectomy for Von Jaksch's Anaemia in An Infant.

Dr. Eugene H. Pool, New York, reports the following case in Annals of Surgery:

An infant, eight months old, born at seven months, presented the usual picture of von Jaksch's anemia, enlarged spleen, red cells between 1,400,000 and 2,400,000, white cells from 17,000 to 54,000, hemoglobin from 30 to 40 per cent. There was a marked lymphocytosis, many nucleated red cells, and a number of megaloblasts. As the child was growing progressively worse a transfusion by the Lindemann method was performed by Pool, ether was administered and the spleen removed. Recovery was uneventful and marked improvement followed, but was not fully maintained at the time of report. The red cells mounted rapidly to over 4,000,000 and the whites dropped to 13,000, while the hemoglobin rose to 85 per cent., but the differential count remained unchanged.

Esophageal Stenosis.

Dr. W. O. Roberts, Louisville, Ky., reports this case in a paper published in the Amer. Jour. of Surg., May, 1915.

A male of 17 was brought to me by Dr. G. R. Simpson, of Breeding, Kentucky, November 7, 1906. He had just recovered from an attack of typhoid fever of three months' duration. The first evidence of stenosis was discovered in the tenth week of the fever, and difficulty in swallowing had gradually but steadily increased for four weeks, when he was brought to Louisville for treatment

When I saw the patient he was greatly emaciated and feeble. He could swallow only liquids in small quantity and very slowly. I succeeded at first in passing a No. 21 soft bougie. The constriction was near the esophago-gastric orifice. By gradual dilatation I was enabled, at the end of two weeks, to pass a No. 41. This size was used every other day for two weeks, when the patient having been taught to use it himself, was permitted to return home with instructions to continue the treatment for at least two months. Soon after beginning use of the No.41 bougie, the patient was able to swallow well-masticated solid food, and his general improvement was rapid.

In a letter dated February 1, 1915, Dr. H. B. Simpson, son of the physician who brought

the patient to me, states that the man is now a strong, healthy farmer, and has no trouble whatever with his esophagus. Dr. Simpson also mentions a case of esophageal stenosis in a child of four years following diphtheria, which occurred in his practice last year. This lesion was also near the lower end of the esophagus. He treated it by grandual dilatation, which he had seen practiced in my first case. It was necessary, however, in this instance to anesthetize the patient. The child made a complete recovery.

Aleukemie Lymphadenosis.

Dr. T. B. Futcher, Baltimore, at the annual meeting of the Association of American Phy-

sicians, reported this case:

The patient was a single woman, aged 58. Her symptoms were dyspnea and weakness with enlargement of axillary, cervical, inguinal and post-peritoneal glands. The blood count revealed 7,000 leukocytes, 67% of which were large and small lymphocytes. The heart and kidneys were normal. Diagnosis rested between Hodgkin's disease and an atypical leukemia. The leukocytes during her stay in the hospital ranged between 7,000 and 14,000; large and small lymphocytes constituted from 67 to 90 per cent. Wassermann and tuberculin reactions were negative. A gland was removed; cultures were negative; histologically, it showed a chronic lymphadenosis, resembling lymphosarcoma. Hodgkin's disease was not simulated. Treatment with sodium cacodylate resulted in clinical improvement but did not improve the blood. There is now a metastatic nodule in the eyelid. The case must be regarded as one of Naegeli's aleukemic lymphadenosis, in which there is no change in the total white cell count, but a great change in the differential picture. The disease is very chronic and is characterized by a tendency to the development of metastases in the skin. The course may abruptly become acute with an early fatal termination.

Diet in Treatment of Diabetes.

Dr. J. S. Gilfillan, St. Paul, Minn., in the Journal-Lancet, cites the following case:

The patient is a boy, aged 11. For three weeks urination has been frequent, and thirst increased. The urine contains 4 per cent. of Carbohydrates are gradually withdrawn entirely, but sugar persists after five The patient, however, gains four pounds in weight. For two days, proteids are excluded, except eggs; sugar disappears, but aceton and diacetic acid are present. Alkalies are ordered and oatmeal given, six ounces daily. A trace of sugar appears after three This disappears on the vegetable diet; and this alternative of oatmeal and vegetable diet is repeated three times. Sugar remains absent, and diacetic acid disappears. Now we return to a carbohydrate-free diet, and find that no sugar appears. Then bread is added, half an ounce at a time to one and one-half ounces with eight ounces of cream. Upon this diet he remains well, and weighs more than ever before. Here we see a considerable increase in the tolerance. While the ultimate outlook in such cases is bad, it is not absolutely hopeless, and I think that we are well repaid for the effort.

Abstracts from Medical Journals.

Articular Grafts.

Dr. R. Falcone, in Riforma Medica, states that a piece of articular cartilage with a thin strip of bone attached is capable of restoring the integrity of a joint if used as a graft. The results are particularly good if the transplantation and the subsequent restoration of the joint surfaces are followed by appropriate physico-mechanical treatment. The best anatomical results are obtained if two grafts are made corresponding to the opposing articular surfaces.

End Results of 300 Operative Cases of Disease of the Biliary Traet.

At the annual meeting of the American Surgical Association at Rochester, Minn., June, 1915, Dr. John J. Buchanan, of Pitts-burgh, Pa., said he was able to trace all but 18 of his cases—giving 94 per cent. of known results. The primary mortality was 4.66 per cent.; 32 per cent. of the cases were acute; 95 per cent. were drained and only 5 per cent. excised; prompt and permanent recovery ensued in 81.7 per cent, of the drained cases and an additional 5 per cent. were later cured by nature or by surgical means. The writer concluded that, while cholecystotomy was not a perfectly satisfactory operation, it was perhaps more satisfactory than cholecystectomy for surgeons of ordinary skill. As a surgeon's experience and skill increased he was more disposed to practise excision. There was a field for both operations, and that surgeon would have most success who not only considered the condition of the patient, but estimated justly his own capabilities.

Abderhalden Reactions and Defective Mental and Physical States.

Drs. S. D. Ludlum and E. P. C. White, Philadelphia, in a paper read at the American Neurological Association annual meeting, May, 1915, said that regardless of the criticism of the Abderhalden reaction they again joined the group which saw fit to defend it. blood of a thymectomized dog they obtained reactions to testes and pancreas, just as had previously been done in patients which had physiological symptoms of thymectomy. Following this they saw three cases of backwardness in children in which the symptoms were those of lymphatism. These cases reacted to thymus. Results of treatment of these cases with pituitary extract were phenomenal. A girl of 5 years showing gigantism reacted to pituitary. The symptoms were controlled by thyroid extract. They had ten cases of hypomaniac state in adults pointing to hyperpituitarism rapidly controlled by the opposite harmone. A case of infantilism which reacted to thymus started to grow when put upon pituitary extract.

Dr. Henry A. Cotton, of Trenton, N. J., said that this was the most important problem before the psychiatrist. The question of the influence of the ductless glands or the glands of internal secretion upon mental conditions, probably more especially in dementia praecox, seemed to be evident to-day. It seemed to him the work they had been doing in Trenton in the last two years in regard to dementia praecox was supporting in another manner the question of glandular affections connected with this disease. Following out Cushing's ideas in hypopituitarism they examined a number of cases. They examined the blood pressure, sugar tolerance, the polyuria, and all of these cases have shown one thing, that is that the pituitary gland was at fault. There was probably a group of cases in which the thymus was affected and perhaps the suprarenal and the other glands also. As these studies were developing we could at least look to some definite facts to be gotten out of this work to indicate a proper theory.

Losses of Weight in the Newly Born.

Dr. Abraham Jacobi, New York, in a communication to the A. M. A. Journal, August 28, says:

Give the new-born water to replace what he is losing. If that is not "scientific," it is intelligible without "giving the parents a written dietary." The parents do the same things for their own persons, namely, when they have lost water they drink. If they treat their new-born on that line, that baby will not lose weight to the extent your editorial takes for granted. In a large obstetric practice which extended over twenty years and did not terminate until about forty years ago, I have demonstrated that to my full satisfaction, and to that of many pupils and friends these two generations. My plea after all is water. It may be properly mixed when the maternal supply takes long to be amply supplied. The addition is barley water and after a few days boiled (or pasteurized) cow's milk. How much? Ten per cent. in the thin barley water sweetened with cane sugar or not. No crime is committed by making it 9 or 11. I know babies; they do not care for mathematics, and thrive without formulas.

Your issue of August 14 tempts me to add a few words concerning "barley water" which met a few encouraging words from Dr. H. D. Chapin (The Journal, August 14, 1915, p. 571). I have followed the advice given by him in these words: "We should study this subject from the practical standpoint and find out what agrees with the baby and then find the scientific reason for its use." In a practice of more than sixty and in my teaching of more than fifty years, indeed, I never diluted milk with water, but always with barley (occasionally oatmeal) water. In my first magazine writings, in my "Infant Diet" of nearly fifty years ago, in the great "Hand Book" of Gerhardt, in Buck's "Hygiene," in my "Intestinal Disorders," in my "Therapeutics of Infancy and Childhood"-all out of print, I am now sorry to say-and in endless discussions and paper, I have preached the gospel of barley water. Dr. Chapin credits me with having done so "some years ago." I have not invented barley nor discovered it—it has been eulogized by Homer for its being "the marrow of man." That was "some years" before my time, even before van Swieten, from whom I learned it. But I utilized barley water nearly twenty years before Zweifel, Schiffer and Korowin found the experimental proofs of the availability of amylaceous foods. That was nearly forty-five years ago.

County Medical Societies' Reports

CUMBERLAND COUNTY.

E. S. Corson, M. D., Reporter.

The second annual picnic of the Cumberland County Medical Society was held at Fortescue, August 31st.

We were greatly disappointed in not having the State president with us as last year.

Councilor Dr. James Hunter, of Westville; Dr. S. F. Ashcraft, of Mullica Hill, and Dr. W. H. James of Pennsville, were present.

The gathering was held at the Day Cottage. Thirty guests were present and partook of the bountiful a la shore dinner provided by the host.

Dr. J. H. Winslow, of Vineland, took several members of the party for a ride in his commodious launch.

Fortescue is an ideal place for an outing for a busy doctor. The fishing is unsurpassed, the entire scope of the Delaware Bay being accessible in a few hours. Crabs and oysters are abundant. The trip may be made in a day and night with assurance of success.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Secretary.

The regular September meeting of the Middlesex County Medical Society was held September 16 at the summer home of Dr. F. M. Donohue, "Cedarcrest," near Bound Brook. The meeting was largely of a social character and was largely attended with the president, Dr. M. S. Meinzer, in the chair. There were many guests from the adjoining county societies present. The following doctors' names were presented for membership: Drs. Klein, of New Brunswick; Denelsbeck, of Spotswood, and Seliver, of South River.

Plans for the winter season were discussed and a program committee was appointed; it was generally felt that a most promising start had been made for the year's work.

After the transaction of other business of a local nature, the members and guests were shown further evidence of Dr. and Mrs. Donohue's generous hospitality by being invited to enjoy a sumptuous dinner which was served upon the spacious porches, overlooking the beautiful lawn and valley beyond. The post-prandial speakers were Dr. W. J. Chandler, president of the State Society, who spoke of the importance of maintaining and increasing the county societies; Dr. T. N. Gray, State Society secretary, emphasized Dr. Chandler's points and urged the cultivation of good fellowship among the members; Dr. E. W. Hedges, Plainfield; Drs. W. H. Washington and J. F. Hagarty of Newark; G. N. J. Sommer, of Trenton; Dr. D. F. Weeks, of Skillman, and Dr. W. T. Burrows, of New York. The speeches were interspersed with finely rendered whistling and piano selections by Miss Molita Donohue, after which Dr. A. L. Smith, of New Brunswick, spoke in behalf of the members, expressing appreciation of the hospitality extended by Dr. Donouhue and family.

The guests present, beside those noted above, as speakers were: Drs. T. H. Flynn, J. T. Leahy and A. L. Stillwell, Bound Brook, and Dr. J. H. Cooper, Millstone. The members of the Middlesex County Society present were

Drs. Brown, Carroll, Donohue, English, Gross, Gutmann, Hofer, Howley, Hunt, Meinzer, Mc-Cormick, Rice, Riva, Runyon, Saulsberry, Schureman, Scott, Smith, Spencer and Voorhees.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The annual meeting of the Morris County Medical Society was held on the evening of September 14, 1915. Upon the invitation of the board of managers, extended through the medical director, Dr. B. D. Evans, it was held at the New Jersey State Hospital at Morris Plains.

The meeting was called to order by the president, Dr. F. E. Knowles, and despite the torrid weather there was a large attendance. Among the guests were Dr. Walter B. Johnson, of Paterson, a fellow of the State Medical Society, and Dr. Thomas N. Gray, of East Orange, secretary of the State Society, and several members of the hospital staff. Dr. H. Raymond Mutchler, of Greystone Park, was unanimously elected to membership.

A motion carried that a suitable testimonial of regret at the death of Dr. F. C. Sutphen, of Bernardsville be drawn up and conveyed to his family. The doctor though not a member of the society, as he belonged in Somerset County, was a frequent attendant at our meet-

ings.

Dr. B. D. Evans heartily welcomed the society to the hospital. It was felt that all officially connected with the largest public institution in the State of New Jersey were honored whenever the medical men of the vicinity could meet here as their guests. The doctor spoke of the numerous recent advances in the practice of medicine along the lines of pathology, chemistry, eugenics and dietetics, all of which tended to increase human longevity. It was plainly the duty of physicians to teach the public the necessity of living according to hygienic rules, if loss of life at too early an age is to be prevented.

Medical men were becoming in a large measure as important as sociological factors as they were as physicians and surgeons. Their utterances were carefully studied, especially by those who respected them and if they included insinuations against other physicians, it tended reflexly to lower the standing of the whole profession. The board of managers would be pleased to have society hold any of its meetings at the hospital and would like them to meet there in the day time in the near future so that they might inspect the wards, interview patients and get a broader and more complete idea of the work being done. They might find things to criticise and by suggestions aid the resident officers to improve conditions.

Dr. T. N. Gray spoke of the fact that the next meeting of the New Jersey State Society would be its 150th anniversary and that there was to be one day set apart for Morris and four other counties to celebrate their centennials, the county president presiding during the hours so set apart and the program being provided by members of the component society. He urged that Morris follow the example of Essex and Hudson counties and try to increase its membership. In the discussion that followed it was said that the secretary had a minute book of the first meeting of Morris County in 1816; that Morris County had now 67 members and that several members knew of no respectable physician in Morris County who was not a member of the county society. It was conceded that we must, however, keep a careful watch for new practitioners and endeavor to interest them in the society and enroll them as members.

Dr. W. B. Johnson spoke of the New Jersey State Medical Society as the oldest in the United States of America and urged all who possibly could to make arrangements to be at the meeting next June to be held partly at New Brunswick and partly at Spring Lake. He urged the necessity of loyalty to the county and State societies and spoke of how much more could be accomplished by physicians

working agreeably together.

The president, Dr. F. E. Knowles, in his address said that all medical men should belong to their county society, thus making them members of the State Society and eligible for fellowship in the American Medical Association. He told of the great advances in therapy which, because of recent scientific research, now give us definite methods of treatment, almost specific in many instances, and said that the expectation of human life had been extended ten years during the past century.

In closing he referred to the fact that the work of the medical council on education had brought up the standard of medical schools and because of this reduced the number of

students and graduates.

On closing a resolution calling for a rising vote of thanks to the president for his address was carried and it was resolved that it be

sent to the Journal for publication.

Dr. Clifford Mills reported the following case: A physician, age 59, who was subject to "bilious attacks" with vomiting, felt nauseated on September 9; after taking a mild laxative he felt better and was able to attend his professional duties during the 10th; that night he was taken with a severe pain; when seen by a physician on the morning of September 11 he was in a condition of shock and his vomit showed coffee grounds, his stools were dark and he had a considerable dyspnoe; no liver dullness could be made out and it was thought the abdomen contained fluid. A diagnosis of perforated ulcer of the stomach or duodenum was made. An immediate operation was thought advisable; on exploring the intestines no signs of ulceration were found, but what was remarkable was that the stomach could not be found. In sweeping the hand through the upper quadrant of the abdomen a rupture of the diaphragm was made out and the stomach was found within the thorax; it was withdrawn and stitched down. There were signs of recent hemorrhage about the tear in the diaphragm which had evidently been ruptured during vomiting. The patient stood the operation well and regained consciousness and had a few comfortable hours; his temperature, however, began to rise early on the morning of September 12 and he was given a salt solution intravenously without benefit; at 1 A. M. September 12, the temperature was 103 F.; 9 A. M., 105; 12 m, 106; at 1.30, just before death, 107.5. At autopsy over 100 diverticulars of the small intestines were found, probably

the cause of the frequent attacks of vomiting. The following officers were elected: Presidnt, Dr. H. A. Henriques, of Morristown; vice-

president, Dr. L. K. Henschel, of Greystone Park; treasurer, Dr. James Douglas, of Morristown, re-elected; secretary, Dr. H. W. Kice, of Wharton, re-elected; reporter, Dr. E. Moore Fisher, of Greystone Park, re-elected.

Delegates to the State Medical Society:

Annual delegates: Dr. Clifford Mills, of Morristown; Dr. J. F. Hern, of Morris Plains; Dr. W. F. Costello, of Dover. Alternates: Dr. J. W. Farrow, of Dover; Dr. W. M. Barnes, of Madison: Dr. G. R. Hampton, of Greystone Park.

Executive Committee of which the reporter is chairman: Dr. F. H. Glazebrook, of Morristown; Dr. W. F. Costello, of Dover.

At the next meeting, which will be held in Morristown, in the evening of the second Tuesday in December, Dr. Frank S. Meara will address the society on some surgical subject.

PASSAIC COUNTY.

William Veenstra, M. D., Reporter.

The first meeting of the fall sessions of the Pasaic County Medical Society was held in the Braun Building, Paterson, on Tuesday evening, September 14th. There were forty members present and about fifteen visitors. The Passaic County Dental Society being the guests of the evening.

Dr. B. H. Rogers, the president of the society, delivered his opening address. Dr. Rogers asked for the earnest support and co-operation of the members of the society and spoke of the lofty aims and ideals. He praised the excellent administration of his predecessor, Dr. John C. McCoy, and also the efficient work of the Legislative Committee of last year. He urged the members to stand by the Legislative Committee and give them more active support.

The ininutes were read and approved after which the Board of Censors reported favorably upon the application of Dr. Harry E. Briody for membership. Dr. Briody was then balloted for and having received the required number of votes was declared elected.

Dr. William H. Ledlerer, of New York, then delivered a talk upon the Inter-relationship of Dentistry and Medicine. Dr. Ledlerer's paper was very interesting and instructive. He urged that the medical profession co-operate more with the dental profession; he then spoke of various diseases of the mouth and their relation to dentistry. He pleaded that the physicians in no case advise extraction of the six year molar teeth as such extraction would cause a deformity of the jaw. He also spoke of teeth in relation to the internal secretions. The paper was discussed by Drs. B. C. Magennis, R. M. Curts, Carroll, MacDonald and Snayerson, discussion was then closed by Dr. Ledlerer.

The meeting then adjourned to the Hamilton Club where a dinner was tendered to the society by the newly-elected president, Dr. B. H. Rogers. The menu was an excellent one. Dr. Maclay acted as toastmaster, the toasts were responded to by Drs. P. A. Harris, R. M. Curts, F. J. Keller, C. J. Kane, P. E. Rauschenbach and C. R. Mitchell.

Local Medical Societies' Reports

Association of Attending Physicians to the Hudson County Tuberculosis Clinics.

M. I. Marshak, M. D., Secretary.

This association held a regular meeting at the Jersey City Public Library on Monday, November 23rd.

The program consisted of a paper on "Bone Tuberculosis," by Dr. G. H. Sexsmith, of Bayonne, and a paper on "Gland Tuberculosis," by Dr. H. W. Brown, of Jersey, and discussions on both papers. The papers are inclosed for publication.

The following doctors took part in the discussion:

Dr. B. S. Pollak considers that conservative surgery is the best method of procedure in bone tuberculosis. Active interference might be made if there was no active lesion anywhere else, otherwise operative treatment must cause spread of the condition. He compared the treatment of bone tuberculosis to that of cancer. "Bone Tuberculosis," unless a mixed infection was present, did not give much trouble. Why not use a mixed vaccine in conjunction with tuberculin in treating this condition as was now being advocated in pulmonary tuberculosis?

Dr. Donald Miner, of Jersey City, wanted to know why Bier's hyperemia treatment could not be used in treatment of these conditions in conjunction with active surgical interference. Dr. A. E. Jaffin, of Jersey City, wanted to

know the time limite of immobilization.

Dr. G. H. Sexsmith, of Bayonne, said that the time limit was at least one year in mild cases. The pressure of one bone against the other was not as troublesome as was flexion and ex-

Dr. A. E. Jaffin called attention to the association of neurasthenia to latent tuberculosis, and cited a case which had had neurasthenia symptoms for about one year and a half, that developed cervical tuberculous adenitis and whose symptoms entirely disappeared when the glands were treated.

Hudson County Tuberculosis Clinics' Physicians' Association.

The Association of Attending Physicians of the Hudson County Tuberculosis Clinics, held its regular monthly meeting on Monday, September 13th, 1915, at the Jersey City Free Public Library. In the absence of the president, the secretary, Dr. B. S. Pollak, called the meeting to order, which was very well attended; it being the first meeting of the season of 1915-16.

Dr. Grant P. Curtis having severed his connection as attending physician to the clinics, was according to the constitution, owing to his position as consultant, transferred from active to honorary membership. Dr. F. H. Short was elected an active member; the Misses Barthold and Sledge, Mrs. Lehman and Dr. Scott were elected associate members.

The Committee on Program having failed to submit a report, Dr. Hugo Alexander volunteered to read a paper on "The Tenement House Problem in Relation to Tuberculosis" at the next regular meeting of the association.

Dr. A. A. Mutter read the paper of the evening, entitled, "The Functions of the Clinic Nurse" which was discussed by the Misses Allen, McCormack and Rider and Dr. B. S. Pollak, after which the meeting adjourned to meet again on Monday, October 11th, 1915.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The first regular monthly meeting of the Summit Medical Society for the year 1915-16 was held at the Highland Club, Friday evening, September 24th, 1915, at 8.30 P. M. Dr. R. H. Hamill entertaining and Dr. T. H. Rockwell in the chair.

The following members were present: Drs. Baker, Bowles, Bramley, English, Lamson, Jacquith, Keeney, Krauss, Lamson, Meigh, Moister, Pollard, Prout, Rockwell and Smalley, and the following as guests of the society: Dr. Morris, of Sprinfield; Drs. Mial, Douglass and Lewis, of Morristown, and Drs. O'Reilly and Ridgeway, of Summit.

Dr. W. J. Lamson was re-elected secretary

of the Society for the coming year.

The secretary read a letter from the graduating class of nurses of Overlook Hospital, thanking the members of the society for the help they had personally given to the nurses in connection with their studies, and also for flowers which were sent to them by the society at their graduation last June.

An assessment of \$1 per member was made upon each member for current expenses.

Dr. T. P. Prout, representing the Board of Health, said that he desired the opinion of the society as to the desirability of making venereal diseases reportable to the Board of Health as it was considering taking such action. The subject was fully discussed by the members present, the majority favoring such an action, and the following resolution, proposed by Dr. Hamill and seconded by Dr. Meigh, was unanimously adopted:

Resolved, That the Summit Medical Society sanction the proposed action of the Summit Board of Health, by which venereal diseases

shall be made reportable.

On motion, it was ordered that a copy of this resolution be sent to the Secretary of the Board of Health.

The paper of the evening was read by Dr. Prout, on "Neurasthenia." He said that the term was so loosely used that it had become practically a waste basket into which many obscure conditions were put. The diagnosis of neurasthenia should be sharply limited to those cases of physical insolvency which are due to exhaustion and which are frequently the aftermath of some infectious disease or other exhaustive process. It should be distinctly differentiated from the following: (a) Recurrent melancholia in which the prognosis must be based on the length of the last previous attack; (b) dementia precox of mild type; (c) neurosis of the menopause; (d) hyperthyroidism of mild type; (e) hypochondriasis, and (f) hysteria.

Dr. Prout finds the blood pressure in cases of neurasthenia variable. It is liable to be below 100 in the cases which follow infectious diseases especially grippe, but in the exhaustion of neurasthenia in later life, the blood pressure shows nothing characteristic and may not vary

from that of the normal blood pressure of that age. In regard to the urinary changes he has found indicanuria common in the exhaustion neurasthenia.

Although there is no direct connection between neurasthenia and pregnancy, he has seen it in the case of nursing mothers and it has been promptly cured by weaning.

The meeting adjourned and refreshments

were served.

National Medical Societies.

American Public Health Association.

At the annual meeting of the association held in Rochester, N. Y., last month, the following officers were elected: President, Dr. John F. Anderson, director of the Hygienic Laboratory, Washington; first vice-president, Dr. George W. Goler, health officer, Rochester, N. Y; second vice-president, Dr. Charles J. Hastings, medical officer of health, Toronto, Ont.; third vice-president, Dr. Omar Gillette, Colorado Springs, Col.; treasurer, Dr. Lee K. Frankel, Metropolitan Life Insurance Company; secretary, Professor Selskar M. Gunn, Boston. General W. C. Gorgas, surgeon, U. S. Army, and Dr. Stephen Smith, New York, were elected honorary members.

The association adopted a resolution opposing the sale of patent medicines and nostrums whose constituents are unknown to the health authorities; heartily endorsing the ordinance of the New York City Department of Health, requiring the manufacturers of proprieary remedies sold without a physician's prescription to file with the department a statement active constituents and claims, and recommending to other municipalities the adoption of this or similar measures for the proper safeguarding of the public health.

Association of Military Surgeons.

Governor Fielder appointed the following surgeons, connected with the State Militia, as delegates to represent New Jersey at the 24th annual meeting of the Association of Military Surgeons of the United States held at Washington, D. C., September 13-15:

Lieutenant Colonel William G. Schauffler, Spring Lake; Major H. D. Corbusier, Plainfield; Major Jean F. Wolfs, Newark; Captain William O'G. Quinby, Newark; Captain David A. Kraker, Newark; Captain P. P. Rafferty, Red Bank; Captain Henry B. Orton, Orange; First Lieutenant Samuel A. Cosgrove, Jersey City.

The Association of Military Surgeons elected the following officers for the ensuing year: President, Surgeon-General Rupert Blue; sccretary, Col. Edward L. Munson, U. S. Army; treasurer, Major J. Harry Ullrich.

Chicago, Ill., was selected as the place of meeting in 1916.

"Duty reaches down the ages in its effects, and into eternity; and when the man goes about it resolutely, it seems to me as though his footsteps were echoing beyond the stars, though only heard faintly in the atmosphere of this world."-Wm. Mountford.

The County Society; Its Work; Its Methods.

How to Make County Societies More Efficient. From the Ohio State Medical Journal.

The secretary is the most important offi-He must be a worker and have system. The president, vice-president and treasurer must be ready at all times to help him, and the president, as chief, must keep posted and see that everything is properly and promptly attended to.

2. The secretary must have the entire name (initial not sufficient, no matter what the individual may prefer), birthplace, dates, all degrees and when and where obtained, location and other important information about every member. He must be familiar with the members, their correct initials and addresses. He will

require this information often.

3. Programs must be made up months in advance, not at the last minute. Those to appear must be followed up and prevented from failing at the last week. Every man must be given an opportunity as circumstances permit, and the common custom of depending on a few old stand-bys should be avoided.

4. Keep before the public well-written accounts of the meetings, programs, items of pub-

lic interest in the daily papers.
5. Have uniformity on lists, programs, etc.
Don't publish J. Alexander—or George L.—or John James-but observe uniformity for names and give initials only except in case of biography, applications, etc., when the entire name should be given. Omit the word "Dr." from programs. This method is not monotonous and is more pleasing to the members.

6. The officers should meet once a month to discuss any business. If necessary, they should together visit surrounding towns and villages and become acquainted with the members there and gain new ones. One officer should in any

case visit the out-of-town members.

Start meetings on time and limit discussion to five and each paper to twenty minutes. Have some light refreshment after each meeting so that each member will go home pleased

and willing to come again.

8. The officers, especially the secretary must not permit any personal feeling to influence their work, but must without fear or favor do what is best for the interests of the Society.

From Dr. Goius, of Utah, in the Journal of the Missouri State Medical Association, Jan-

uary, 1914:

If the medical organization is worth adhering to, and if it is worth paying dues to, it is worth cultivating. How shall we cultivate it? answer, by attending the meetings of the society, taking part in the program, and mutually advancing scientific knowledge among the membership. It is a mean man who has no idea or opinion that is worth his fellows' consideration. I hold it to be the professional duty of every upright medical man to affiliate with medical organization, and do all that may reasonably be expected of him to promote it in the community and county in which he resides. That is the ideal; in reality it is not found, but now let me suggest that which will further the ideal as I

see it, i. e., that which will secure the devotion of the members of the county society.

First, the county society should meet frequently, at least once a month, and where lack of distances permit, weekly meetings would be better. Let the meetings be migratory; when members of a certain community are showing a lack of interest take the meeting to them.

Secondly, cultivate a good fellowship. more frequent the meetings the better the fellowship; mutual understandings accrue, esprit de corps develops that plucks thorns from the paths of those who give unstinted time and service to the work of the society; roses bloom where thistles grew before. Men learn to appreciate men, to magnify their amiable qualities, and minimize their frailties. This is charity the essence of the medical profession. Why not extend it to our fellow-toiler? It is Arabian perfume to his panting nostrils. How oft does it lighten his burden and spur him on to nobler deeds! How oft does it rob the cold midnight of its bleak chill, and the sultry noonday sun of its heat! Medical men should be to each other the warmest of friends. Medical men should cultivate humanitarian ideas toward their confreres; they should try to make themselves of service to the profession and thus secure a larger measure of happiness to themselves. The problems, the trials and tribulations of medical men are very similar, and the coming together in a common cause should develop a comradeship.

To the secretaries of the component societies of this State, combined with the excellent team work of the secretary of the State society, more is owing than to any other set of men. When I say this I know whereof I speak, and know it can not be controverted. If a secretary is alive and untiring in his work, that society is a winner, and I can point out the societies of this State, giving figures for it, every one that has been so supplied. There are a few dead ones yet, and to get rid of them comfortably convert them into ex-presidents, which will wind up their careers. When I am asked my advice as to the very best thing for a society to look out for first, I say every time, look well to your secretary. Without a good one you will not prosper, with a live one you can not help it.—Exchange.

Bath County reports, through its very effective secretary, Dr. H. J. Daily, that every physician practicing in the county is an active member in good standing in the county medical society. This result has not been attained by the doctors, each wondering why the other does not do something and in complaining about the lack of opportunity and progress in the county, but has been obtained because Mr. Daly is an effective secretary and because he has stimulated his associates in the profession and they have stimulated him to such a degree that they have a real county society, which is accomplishing so much that no individual physician can afford to be outside of it. If other county societies in the State will take to heart the correspondence extending over several years, which has secured these results in Bath County, it will not be a great while until every county society in Kentucky will have a hundred per cent. of the physicians enrolled.

-Kentucky State Journal.

Above all, do not forget to do your best work for the benefit of your county medical society; it will help you and will help every member of the profession and will stimulate a greater respect for the entire profession in your com-Nothing hurts us all so much as rows amongst medical men themselves. A fight between two physicians not only hurts them both, no matter which one is in the right, but it hurts the whole medical profession by belittling its members in the eyes of the community. In every county where you find a good, active, well-knit county medical society, there you will find the medical profession looked up to and respected. -California State Medical Society Journal.

The enterprising secretary of the Lake County Medical Society says that it should not be the duty of any secretary to go around with a piece of lead pipe in one hand and a receipt book in the other in an endeavor to force members to disgorge the amount of dues for the current year. We quite agree with him. Every doctor should be proud of the fact that he is a member in good standing in his local medical society, and he ought to have sufficient pride to keep up his credit in that organization. Failure to pay medical society dues does not speak well for the doctor, and the reputation hurts among medical men as well as with the public if acquainted with the facts.-Indiana State Med. Journal.

A Live Medical Society Secretary.

It has been said of medical societies, "No secretary, no society." It could be amended to read, "No good secretary, no society." The post of secretary is a most important one. should not be bestowed on some physician with a big name, merely as an honor, but on a basis of peculiar fitness and willingness to work. The Mississippi County Medical Society has the right man in Dr. Thomas G. Brewer of Osceola. He is a hustler. He has enthusiasm. Such enthusiasm, perhaps, is contagious from ex-Secretary Dr. Howton. A society with such men as officers is bound to accomplish something. letter he has sent out to all the members has the right ring to it. He invites them to be present at the next meeting of the society, and in doing so says:

"This ought to be the best meeting of the year, and will be if you, Doctor, will come, pay your dues for the new year, and come right to the front, take a part, and have something to say on all questions discussed. There is no telling just how much we can get out of this society if we are in earnest, nor its value to us; but we must remember that, after all, we only get out just what we put in."

Then he reminds the members of the State Board of Health bill and urges them to write their Representatives an Senators insisting that they vote for its passage. He closes by showing that the society wants every eligible physician in the county to become a member, and announces that there will be no let-up on asking them to join until they do so.

Note the personal appeal in the words we quote, "If you, Doctor, will come," etc. It is not a message to doctors in general; it is "you" —the doctor reading it. And all men need this personal appeal. We are all prone to be laggards and need prodding from time to time. It

is well to remind physicians to take more than a passive interest in the public health bill, and it is excellent to remind non-members of a county society that the society is going to keep right on their trail till they join.

From the annual address of President Feemster of the Mississippi Medical Society:

There are many of the ablest and best men in the profession in the State who are not members of our association, although during the last ten years the efforts to perfect a good working organization have been eminently successful, not only is this true in Mississippi, but in nearly all the States of the Union.

After organization we should awaken to the possibility in and the potentiality of co-opera-The day of co-operation has dawnedshall we as physicians remain in the shadows of the night, or awaken with the new day? There is only one answer to this question, if we are to keep step with the progress of commerce, education, and religion; these are already basking in the glorious sunlight of cooperation.
"The demands of modern medical practice

make close co-operation an absolute necessity.

No longer should the doctor in the rural district, no more than the one in the medical centres attempt to work by himself-when we of the rural districts awaken to this fact then shall the problem of efficient medical and surgical service to those remote from the medical and surgical centres be the recipient of efficient and intelligent treatment.

This cannot be solved by the individuals, it

must come through united efforts.

Jealousies, hatreds and misunderstandings must be banished and co-operation enthroned, then shall scientific medicine and surgery come in their own, and the highest need of our profession be realized.

As members of an honorable, noble profession we should work in harmony for the organization and co-operation of local societies and thereby promote the material advancement of our State association, and the welfare of each individual member as well as that of every citizen of our State.

A County Medical Society Pledge.

Jackson County (Missouri) Medical Society recently adopted the following pledge and requested all members to sign it. All new members will be required to sign it before being admitted.

"Recognizing that Jackson County Medical Society seeks to develop, exemplify and enforce the highest traditions of our calling, I hereby pledge myself, as a condition of membership in the society, to live in strict accordance with all its principles, declarations and regulations. In particular I pledge myself to pursue the practice of our profession with thorugh self-restraint and to place the welfare of my patients above all else; to advance constantly in knowledge by the study of professional literature, the instruction of eminent teachers, interchange of opinion among associates, and attendance on the important societies and clinics; to regard scrupulously the interest of my professional brothers and seek their council when in doubt of my own judgment; to render willing help to my colleagues and to give freely of my services of the needy. Moreover, I pledge myself, so far as I am able, to avoid the sins of selfishness; to shun unwarranted publicity; dishonest money-seeking and commercialism as disgraceful to our profession; to refuse utterly all secret money trades with consultants and practitioners; and, when acting as consultant, to teach the patient his financial duty to the physician and to urge the practitioner to obtain his reward from the patient openly; to make my fees commensurate with the service rendered and with the patient's rights; and to avoid discrediting my associates by taking unwarranted compensation. Finally, I pledge myself to co-operate in advancing and extending, by every lawful means within my power, the influence of Jackson County Medical Society.

The Medical Society and the Public.-It is entirely in the hands of medical men to raise the status of their State and county societies to a degree that would command the respect of the community and exert a lasting influence on public opinion. They must clear their membership of black sheep, of fakers in dis-guise, of quacks who usurp the noble calling of medicine to shield their nefarious business. No quarter should be given to this gentry. If a physician selects quackery as the royal road to opulence that is his business, but the line must be sharply drawn so that the public may know how to classify him. Neither a medical diploma nor a license should be sufficient to open the doors of the medical society to an irregular practitioner. A medical society that permits an avowed "chiropractor" to membership lowers its dignity, endorses this latest take and confuses the public mind by giving professional standing to a species of medical charlatanism which is as absurd as it is pernicious. Let us clean house and keep clean!

The Poctor; His Work; His Methods.

The Physician's Duty to the Profession. The following extracts are from a paper

read before the Medical Association of Georgia by Dr. R. B. Barron, of Gray, Georgia:

One of the greatest duties of the medical

man is to be present as often as possible at the meetings of his local medical society, as well as at his district and State Medical Association. It keeps us in touch with the profession better than anything else possibly can, and no medical man can afford not to help to his uttermost his local society, for it is through this that our district, State and national societies are now kept going. means attend the local societies, read papers when you are asked to do so, and if you don't care to read papers, lend your presence and assist in discussing papers read by others, and though you may think that you will receive but little benefit from your attendance, I beg to assure you, in thinking that way you are vastly mistaken, for I don't believe any medical man has ever heard a medical subject discussed by a body of intelligent medical men, that he did not learn something; then, gentlemen, let us ever be loyal and true to our local societies and aid them with our time, our talents and our means.

In conclusion let us ever be mindful of the

interest of each other; let us never fail to treat each other fairly, sugarely and justly, take no undue advantage in any way, shape or form; let us never be led to do anything that is not in strict conformity with both the spirit and letter of the law in our desire for practice and preferment, ever keeping in mind to "Do unto others as we would have others do unto us," and never let there arise among us any contentions, unless it be that contention or rather emulation of who can best work and best agree.

The following are extracts from a letter to non-members in South Carolina by President J. W. Jervey, in 1912, and they are just as much to the point now as they were then: "No man, unless he be a consummate genius, can be a free lance with any hope of success. The history of achievement in every sphere of endeavor is a history of co-operation. A real grievance, a fancied injury, a lack of interest, an apparent pressure of work, may have prevented your joining, or caused your resignation from your County Society. Any one of these causes can be overcome by the man who earnestly wishes to better himself and to help strengthen and elevate the profession to which he has dedicated his life, to say nothing of the service he is rendering his fellow man by so doing. * * * Why should you expect to get and keep your share of the best practice in your community if the people do not know you for a progressive practitioner, wideawake enough to mix with the other doctors of the world and keep up with the procession?

Such are a few of the practical questions it will pay you to ponder. The answer to all and many more along the same line is: Join your County Medical Society—and that is the only answer."

The Doctor: "A public-spirited man; one who looks after the health of the community; one who makes the town and city habitable; one who saves the babies from untimely death; one who transforms pest holes into summer resorts and makes commerce possible between these same pest holes and the rest of the world; one who brought about the successful issue of the greatest engineering undertaking the world has ever witnessed." Join the medical societies and be numbered among the doctors who do things.—Academician, Dauphin County (Pa.) Medical Society.

When you stop to think of it, how many doctors are there who really do things, that do not identify themselves with medical organizations? Look at the men who are leaders in the profession who have accomplished things worthy of note; you will find that they belong to medical societies. The stimulus, learning and the avoidance of ruts which they have all required to reach the summit probably was received in part from their county, State or National societies. To be big men requires association with others.—Kansas Med. Soc. Jour.

Lodge Practice.

This is not the place to inveigh against lodge practice. And there is no doubt the custom of employing a physician by the year had its inception in the knowledge that economy must be practiced in everything by the poor and others of limited means. But read this from

the current Medical Economist:

"I was called yesterday to attend a sick child, and while examining the child I noticed a medicine bottle on the table. The cork was still in, wrapped in paper and tied with a string. Evidently the bottle had not yet been opened. I was interested. 'Madam,' I asked the mother, 'how is it that you sent for me when you have not tried the medicine evidently prescribed by another doctor before me?'

"It was like this,' the mother replied. 'The child grew suddenly feverish about three o'clock in the morning. We have a saloon, you know; and last night there was a meeting in my husband's lodge and the lodge brothers came to our saloon after the meeting to spend some time and money. With them came the lodge doctor. When the child got sick I ran down to tell my husband, and he asked the doctor who was there drinking with him to come up and see the child. Of course, I had to let him examine the child, and I also got the medicine, but to give my child such medicine? No! my children are too dear to me.' Lodge doctors, attention!"

—Cincinnati Medical News.

The Business Side of Practice.

The business side of medical practice has been written about, iterated and reiterated, till it has become a chestnut. Suggestions as to how you can make a business or financial success in the practice have been given till they are a bore. Some doctors are so "afeared" that they will lose a customer if they ask for pay that they haven't the nerve to demand their money. There can be no objections in politely and firinly asking for prompt settlement for services. The long credit business should be abandoned. No other business allows it. The habit of allowing bills to run six months, or a year, without settlement, is foolish. A customer is more apt to pay while the service is gratefully remembered and is recent.-Med. Summary

The New Mexico Medical Journal says that fee-splitting "is an awful commentary on the honor and integrity of a so-called learned profession. A physician accepting a fee which is not earned has betrayed a trust and is not worthy to associate even with highway robbers." The editorial concludes with the announcement that there is no fee-splitting in New Mexico, and we are wondering if the purifying atmosphere of New Mexico is responsible for this desirable state of affairs.

From a paper by Dr. E. B. Kaple, read before the Onondaga, N. Y., Medical Society and published in the N. Y. State Journal of Medicine, March, 1914:

Regardless of what may be said of the profession of medicine, I repeat my former assertion that the practice of medicine is to-day, by the public, made a commercial proposition.

As a rule, in a commercial transaction, the public is willing to pay a fair price when it realizes that it is getting a fair return for its investment, but so long as we as a profession assume the liability that our profession is by virtue of itself obligated to donate fifty per cent.

of its labor to the public, just so long should we expect the public to assent to the assumption.

Drop that assumption, and educate the public to the truth that it is impossible to meet the obligations to them that the rapid advance in medical knowledge has placed us under, until our compensation shall be such as will enable us to take advantage of these many and increasing aids in diagnosis, treatment, and above all,

the prevention of disease.

The expert who gives advice as to what to do and who to hire to place a sinking industry upon a new system and a profitable basis, is paid handsomely for so doing. He diagnoses the malady, prescribes the treatment, and tells who can best carry out that treatment. The general practitioner diagnoses the malady, he prescribes the treatment, and he advises as to the specialist who can best carry out that treatment. In this case, the specialist is paid handsomely, while the practitioner receives gratitude—perhaps. * *

In conclusion then, my contention is that the practice of medicine is commercialized, and with the medical profession at the small end of

the enterprise.

A campaign of education of the public to the possibilities of medicine has taught the public much that has been good for it to know, and among other things, what it has a right to expect and demand from its medical attendants.

A campaign of education should be waged to educate this same public relative to the compensation that is not only a fair return for the services demanded, but is an absolute essential for the delivery of such services.

Dr. S. H. Blodgett, of Boston, Mass., in an article in the North American Journal of Ho-

meopathy, March, 1914:

There is no quicked way of spreading news of any sort throughout the country than by using the public press, but the average physician has found that the public press is apt to be so incorrect in its statements regarding medical matters that, ninety-nine times out of a hundred, he pays no attention to the statements made by it concerning medical subjects. On the other hand, ninety-nine out of a hundred laymen swallow everything about medical subjects that is published, even in the most sensational journals; and they naturally talk to their attending physicians about what they read there in regard to disease and medicine. It is unfortunate that the public press is so unreliable in its medical teachings for, if properly conducted, it could be of great use in this direction, first to the general public and second to the medical profession.

It is every one's duty to safeguard the public health, physical and mental. It is the duty of every private citizen to do this in so far as he is able. It is especially the duty of every public servant. Now of all public servants, what one has more power for good or evil, what one can more quickly exert an influence than the public press? We rely upon the public press to tell us the latest news of what is going on in the world. From experience we have learned that we cannot trust its reports absolutely, although they may try to tell the truth. But, with a few allowances in regard to details, we depend upon the popular newspapers and magazines for our

knowledge of social, political and financial affairs. Unfortunately we are unable to depend upon it even approximately for news of medical matters.

The Physician's Life.—The study of medicine is an entrancing subject; its practice require an array of virtues whose mere contemplation staggers the mind. One must meet violence with gentleness, ingratitude with equanimity, insult with fortitude, slander with silence. The physician's life is a daily exemplification of the golden rule. The very sensitiveness that inspires sympathy with pain and misery is a weapon in the hands of ignorance and malice wherewith they deal dreadful wounds, wounds which must be endured silently. Resentiment can have no place in the physician's mind. Equanimity must be maintained in the face of misapprehension and abuse.-Gadsden (Ala.) Times-News.

See editorials on "The Case of the Doctors" and "The Doctor's Hard Job," page 514.

Miscellaneous Items.

The Spirit of Patriotism.

In vain do we trace magnanimity and heroism, in vain do we trace a descent from the worthies of the earth, if we inherit not the spirit of our ancestors. Who is he who boasteth of his patriotism? Has he vanquished luxury and subdued the worldly pride of his heart? Is he not yet drinking the poisonous draft and rolling the sweet morsel under his tongue? He who cannot conquer the little vanity of his heart and deny the delicacy of a debauched palate, let him lay his hand upon his mouth and his mouth in the dust.—Josiah Quincy, 1768.

The Doctor's Vacation.

The doctor who takes his own medicine and the lawyer who is his own client has, as a rule, a poor physician and a bad legal advisor. There is, however, an exception to this rule. When we find a patient tired out from overwork or protracted work, we appreciate the futility of our medical armamentorium and we advise him to take a vacation, and it is the good doctor who prescribes a vacation for himself as well as for his patient. The time has gone when our friends, the patient, insist upon our being on the job more than twelve months in a year, and inasmuch ts they expect us to take a vacation, we make a mistake if we do not enjoy the well-earned rest to which we are entitled and the increased vigor with which we may resume our work in the fall.

We believe that the doctor is entitled to his vacation, even if some of his patients are deprived thereby of his services.—Providence Med. Jour.

Large Medical Fee.

Thirty-five thousand dollars is said to have been the fee paid to a French surgeon recently for an operation performed on a German prince who was wounded. No German surgeon could be had at the time to operate on the prince, so a French surgeon was requested, and the offer was made to pay him any fee he might ask. The operation took place at Epernay, and the coincidence is recalled that \$35,000 was the amount of indemnity in bottles of champagne required of the French when the Germans occupied Epernay.

Publicity in Legislation.

The most valuable reformatory force is publicity. Those who are actuated by unworthy or selfish motives object to having their acts made public. One of the evils connected with legislation has been the ignorance, on the part of the voter, as to the position of his representative on important measures. The public has a notoriously short memory, and often the politician has been able by smooth phases and glib generalities to explain away his record. In one State at least, however, members of the State Legislature will have to stand on their record, at least so far as public health bills are specerned. In a recent issue of the Ohio State Medical Journal appears a tabulation of the vote of all members of the State Legislature on six important public health measures before that body during its last session. A glance shows how any member stood on any particular measure. As the facts tabulated are taken from the official record of the House and Senate, they cannot be disputed, while the right of the voter to know how his representative has stood on any measure is beyond question. The more the people know about their representatives, the better the chances of good government.—The Journal of the American Medical Association.

The tendency to shoulder the American Medical Association with responsibilities that should be borne by other organizations has long been deprecated by The Journal of the Association. Hardly a day passes that a letter is not received, The Journal says, suggesting that the American Medical Association should prosecute this, that or the other fraud, or should use its influence to have a special law passed to put some particular swindle out of business. The reply to such suggestions is, naturally, that it is not the province of the American Medical Association either to prosecute frauds or father laws. As a matter of fact there are already in existence not only laws enough and to spare for attacking most of the frauds in medicine, but also the legal machinery to enforce such laws. This machinery will continue to move slowly, spasmodically and inefficiently, until public opinion has been aroused to the way in which people are duped and swindled by frauds of a medical and quasi-medical type; and the public opinion can be aroused only by education. The Journal's propaganda against fraud in medicine is wholly educational in character—not punitive.

Restrictions on Patent Medicines in Cuba and Guatemala.—The provisions of the Cuba patent medicine regulations of 1913, relating to the disclosure of patent medicine formulas, has been suspended until September 10, 1917. In Guatemala the provisions of the decree of 1902 concerning the sale of patent medicines will be strictly enforced after September 25, 1915. This decree provides that no pharmaceutic preparation of unknown composition

shall be sold until after it has been examined and approved by the Managing Board of the Faculty of Medicine and Pharmacy. Lists will be kept at all custom houses of remedies of secret composition, the importation of which is authorized. All others will be excluded. Products and medicines imported by others than those conducting legally recognized pharmacies or similar establishments will be confiscated.

"Twilight Sleep."

Attention is called to a report by Joseph Louis Baer, of the Michael Reese Hospital. In sixty cases the results were tabulated and the observations were constantly checked by three competent physicians. All precautions were taken and the drug was used exactly as was recommended by its adherents. There was no success in 26 cases; there was little success in 7 cases; partial success in 8 cases; fair success in 5 cases; good success in 8 cases, and complete success in 6 cases. Some of the unpleasant symptoms are an intense thirst, headache and vertigo occurring in more than half of the cases, and in many of them the patients were rendered so wretched that they were worse off after the so-called "Blessing of Twilight Sleep" than they would have been had they gone through the ordinary eight to eleven hours of labor. Forty-three of the patients slept part of the time, but could be easily aroused. There were many lasting symptoms, such as blurred vision, cloudy memory and delirium.

The Providence (R. I.,) Medical Journal very pertinently asks: Who can read such statistics, knowing the great care with which this work was done and the safeguard thrown about these cases, and not feel out of patience with those who are trafficking in the natural fears of pregnant women?

New York State Sues New Jersey on Account of Nuisauce.-There have for some time past been many complaints from residents along Riverside Drive because of the noxious odors emanating from the plant of the General Chemical Company at Edgewater, N. J. Ap-peal to the attorney-general and to the Governor of New Jersey did not result in any improvement in conditions. Finally, after investigation by the office of the attorney-general, steps have been taken to present a bill in equity before the United States Supreme Court. The State of New York will thus bring suit against the State of New Jersey for the abatement of the nuisance which cannot be abated by the health department of the city or the State of New York as the source is outside their jurisdiction.

American Physicians Inspect German Prisoners.

The North German Gazette announces the completion of arrangements for American doctors and nurses to proceed to Russia and inspect the German prison camps. Twenty-five American doctors and fifty nurses will make the trip at the expense of Austria-Hungary and Germany.

The Gazette says: "The American Red Cross heretofore has given its medicaments and bandages in a gratifying manner. It gives renewed proof of its noble spirit and humanitarianism in not ceasing to be active during the course of the war."

The Fight Against Vaccination.

The Anti-Compulsory Vaccination Society of Newark, N. J., has lost its fight against the exclusion of unvaccinated children from the schools, the State Board of Education having decided that children must be vaccinated before they can be admitted to the public schools. The society purposes taking the case to the courts in an appeal against this decision.

Osteopaths Denied Rule.

Supreme Justice Garrison has refused the application for a restraining order to enjoin the New Jersey State Medical Examiners from demanding personal examinations of osteopaths. The osteopathic physicians are trying to compel the New Jersey State Board of Medical Examiners to issue licenses to practice osteopathy under the Act of 1915.

Examination—Assistant Surgeons in the Public Health Service.

Boards will be convened at the Bureau of Public Health Service, Washington, D. C., and at the Marine Hospitals of Boston, New York, Chicago, St. Louis, Louisville, New Orleans and San Francisco, on Monday, November 1st, 1915, at 10 o'clock A. M. for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health Service.

Candidates must be between 23 and 32 years of age, graduates of a reputable medical college, give testimonials of professional and moral character; must have had one year's hospital experience or two years' professional work; must be not less than 5'feet 4 inches in height. After four years' service, they may be promoted to the grade of passed assistant surgeon, and after twelve years' service as such they may on examination be promoted to the grade of surgeon. Assistant surgeons receive \$2,000; passed assistant surgeons, \$2,400; surgeons, \$3,000; senior surgeons, \$3,500; assistant surgeon-generals, \$4,000 a year. When quarters are not provided, commutation at the rate of \$30, \$40 and \$50 a month, according to grade, is allowed. The tenure of office is permanent.

For invitations to appear before the board of examiners, address Surgeon-General, Public Health Service, Washington, D. C.

American Academy of Ophthalmology and Oto-Laryngology.

The twentieth annual meeting of this academy will be held in Chicago, Ill.. October 5th, 1915, under the presidency of Dr. Joseph C. Beck, of that city.

Dr. Willson to Leeture on the Heart.

Beginning with October 1 and continuing until April 28, Dr. Robert N. Willson will give his annual course of post-graduate lectures on the heart in the amphitheater of the Philadelphia General Hospital. The lectures are given every Friday afternoon from 5 to 6 o'clock and are free to all physicians and medical students.

THE JOURNAL

Medical Society of New Jersey

OCTOBER. 1915.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor, New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter peraining to the business management of the Journal hould be addressed to

AUGUST A. STRASSER, M. D., Arlington, N. J.

PUBLICATION COMMITTEE:

August A. Strasser, Chairman, Arlington Wm. J. Chandler, M. D., South orange Edward J. Ill. M. D., Newark David C. English, New Brunswick Thomas N. Gray, East Orange

PRIZE ESSAY—1916.

We have received the following from Dr. Alex. Marcy, Jr., chairman of the Comnittee on the 1916 Prize Essay:

The committee has decided that the topic for the prize essay for this year shall be as

Original Investigations and Experiments on the Value or Necessity of Quarantine, and the Need of Airial or Gaseous Disinfection after Recovery, for the Control of Contagious or Infectious Diseases. It is to be limited to 2,500 words, and in order to be eligible for competition the investigations must be original and be corroborated by at least one other person.

Subject, in other respects, to the usual

rules and regulations.

WE NEED ADVERTISERS; HOW TO GET AND KEEP THEM.

The editor of the Arkansas Society

Journal says:

"We are at the present time in the midst of a campaign for new advertisers. spite of the war and all pessimists to the contrary, we find things are coming our way. Give us your support at this time. Talk about The Journal of the Arkansas Medical Society to merchants, bankers, business institutions and traveling representatives of drug and book houses not now represented in our advertising pages. Let us prove to the advertisers that we are thoroughly business like."

Will our readers please give these words and also the editorial taken from Colorado Medicine under the caption, "Who Pays for This Journal?" on page 514, careful consideration as they remember that they apply with equal force to our Journal.

OUR COUNTY SOCIETIES.

The standing and strength of the Medical Society of New Jersey depend very largely upon the enrollment, the attendance upon, the unity and fellowship, and the work of its individual units—the county societies. If the latter are united, well attended, doing their proper work—scientific altruistic and economic—and are doing that work in the ethical spirit, exhibiting the brotherliness—the esprit de corp—that should characterize the members of the profession, the State Society cannot fail to be prosperous and the profession which it represents will be respected and honored as the mightiest agency for the uplift and blessing of the State and of humanity.

Are the members of the county societies conscious of these facts? Are they doing their best for the accomplishment of these high and holy purposes? We have entered upon a year that ought to call forth the most earnest endeavor of every member as we go forth in preparation for the great gathering next year which is destined to make The Medical Society of New Jersey memorable in the history of medicine and of medical men in the great nation of which New Jersey has borne so conspicuous a As the oldest provincial and State Society—we say provincial because our Society was organized ten years before the United States became a nation—we ought to hold a commanding position that should merit the respect and commendation of our sister State societies, whose representatives we hope to have with us at our sesqui-centennial anniversary next June.

It is with the greatest pleasure we express our belief that our county societies generally, last year did the best year's work that has ever been done. The attendance was increased and the character of their work, as well as the spirit in which they did it, as well as their desire and determination to increase their membership, showed a marked advance. Essex and Hudson counties engaged in earnest campaigns and each gathered in a large number of new members and all the other societies increased their membership. The attendance upon and the scientific work of the societies

were greatly increased, practical papers and clinical case reports, with discussions thereon, were special features of the progress made. We cite the Middlesex County Society as showing, perhaps, the most improvement; the quarterly meetings had been slimly attended until last June, when new interest caused the society to vote for monthly instead of quarterly meetings; the meetings since have been far better in attendance and interest, and several new members have been added. There have been signs of awakening in several other societies.

Most of our county societies this month begin their fall and winter work. We should resolve to make this year exceed even last year's good work in view of the coming 150th anniversary of our State Society and the centennial celebration of five of our county societies. We offer a few

suggestions:

- 1. Increase your membership. reputable physician in New Jersey should be a member of the Medical Society of New Jersey. There is no valid reason why any doctor, with any pride in his profession and any desire for its and his own advancement, should not be an active member in his county society and thereby be enrolled as a member of the State Society. We urge every reader of the Journal who is already enrolled to constitute himself a committee of one on membership and go out and gather in every reputable physician who is not enrolled. Let us make a determined and persistent effort to have enrolled 2,000 members of our State Society when we gather next year to celebrate our 150th anniversary. It can be done. we do it?
- 2. Improve the scientific character of your meetings; have practical, helpful short papers, mainly—but not entirely—written by your own members; encourage every member to report interesting clinical cases; have full discussions of papers and cases. One society last year had patients brought into the meetings by their physicians for examination and diagnosis.

3. Have *active* committees, on scientific programs for meetings; on legislation; on publicity, and on the economic welfare of the profession.

4. Have every meeting fully reported in our Journal—not including papers or lengthy abstracts; they should be sent to the editor separately. These reports in the Journal will increase the interest of your

membership and let the profession of the State know that you and your society are alive and awake to the splendid opportunities offered to you to help in the continued marvelous progress of our profession. As the Journal of the Arkansas Society says: "Do not hide your light under a bushel. It is at once unscriptural and unwise. the world know that you are alive; be up and doing. The only way to do this is to take advantage of the publicity the Journal offers you. It will increase the duties of your secretary—or reporter—very little, and if he is a live wire, as every secretary should be, he will willingly undertake it. It is only a matter of writing a few lines once a month."

5. We suggest an annual or semi-annual public meeting be held by each county society when the profession's work for the State and the municipalities shall be set forth, especially its efforts for good legislation and good public health, including the health of school children, and against quackery. A special effort should be made to secure the attendance at such meetings of members of other professions, city and school authorities and teachers. A carefully prepared program should include some of them to speak in advocacy of measures calculated to secure the highest degree of efficiency in regulating and administering the various agencies for the public's welfare concerning which medical men should be the most competent advisers.

We suggest an annual or occasional social meeting of each society. It has been the editor's great pleasure to attend several such meetings and we know that they do much good in promoting unity and good fellowship. We cite the Camden and Gloucester annual gatherings at which the wives and daughters are present, a meeting of like character of the Sussex Society; a social given by Dr. F. C. Henry, of Middlesex, at his fine farm in Monmouth; two such meetings-and another promised next year-at the beautiful summer home "Cedarcrest" of Dr. F. M. Donohue, of Middlesex; also the dinners given to Dr. G. H. Balleray, by the Passaic Society; to Dr. F. D. Gray by the Hudson Society, and to Dr. David St. John by the Bergen Society.

7. It is a cause for deepest regret that an occasional instance of discord has occurred in the past to mar the unity, good work and highest success of a county society. If any such instances exist at present, or threaten in the future, we suggest

and most earnestly entreat for the profession's sake, for your society's sake, for humanity's sake, for your own sake, put away, put away forever and never renew, the petty little bickerings, jealousies, grudges, unkind words or thoughts concerning your brother practitioners. These things are unworthy the members of our great profession; they hinder our progress; they injure our influence. The whole profession is misjudged and unjustly suffers and humanity suffers. Let us have that charity which "suffereth long," which "beareth all things and endureth all things." But, best of all, let us do away with the little petty things which require a charity that "suffereth," "beareth" and "endureth." Let us come up to our 150th anniversary a thoroughly united, fraternal profession and prove ourselves "worthy sons of noble sires"—of the grand old and honorable Medical Society of New Jersey.

We have not dwelt on the great importance of attending regularly the society meetings; it needs no argument. See the articles

on pages 503-506.

THE MEDICAL WITNESS.

We call our readers' attention to the fact that we are not responsible, nor is the State Society responsible for statements made in original papers or contributions to the Journal made by individuals.

The paper read at the recent annual meeting of our Society by Dr. Arlitz, on "The Medical Witness," and the discussion of it by Judge Speer were believed by many to have exaggerated the extent of medical

witnesses' shortcomings.

While there is unquestionably great need for the adoption of some measures to correct the evils of expert medical testimony in cases where the question of insanity is made the main point of defense, and in accident cases, the medical profession generally should not be unjustly represented as favoring in the least degree, the *fcw* who disgrace themselves and bring on the profession the criticism and condemnation of an indiscriminating public.

The physician—above all other men—who gives intentionally false or misleading testimony, for money or other improper consideration, in our courts, is an unworthy member of the medical profession and deserves the loss of respect and confidence both of his fellow practitioners and the public. But let us, in forming judgment on the individual witness, realize that there are many instances in which there may be hon-

est difference of opinion, where medical men fail to agree in their testimony in a given case. We are none of us perfect men, nor have we perfect knowledge, especially of mental disease in its various forms and phases. And let lawyers in judging us, also realize that there is no profession or class of men who differ more among themselves than do lawyers—even the ablest and most honorable of them. If medical men are fallible, surely they also are.

The paper and discussion to which we have called attention were referred to the Committee on Publication for revision before inserting them in the Journal, but on reflection the members of the committee, while having the right under the by-laws to exclude improper or questionable matter, questioned the wisdom of *changing*, or their right to change original papers and discussions presented at the annual meeting.

FIGHT IGNORANCE, NOT SECTS.

We call attention to the following extract from an address (as given in the West Virginia Medical Journal), made by Dr. M. H. Houston, of Wheeling, W. Va.-note the date July 5, 1847, which shows that while our profession has been for years fighting against sects in medicine instead of planning our warfare against ignorance, here is a regular, away back in 1847, looking at the matter in the same light that most of the leaders of our profession view it to-day—that if a medical student be well educated and thoroughly grounded in the principles of medicine, he may call himself by whatever name he chooses. Dr. Houston said:

"You must place men of whatever persuasion, on the same general footing-place them all on the same broad platform-compel them all to pass through the same general course of preliminary education, in order to become doctors-impose positive and heavy penalties for disobedience, and then leave them to choose their own system of practice. Strew the same thorns in the high road to quackery which you find in the paths to regular practice, and you will find very few desiring to walk in it. Compel men to emerge from the profound depths of ignorance, and they will choose to walk in the broad light of true science. Compel them to climb the hill until the prospect is somewhat enlarged, and they will be stimulated by curiosity to ascertain what can be seen from the summit."

The editor of the West Virginia Journal says:

We think the principle here laid down will now be accepted as sound. Unfortunately for physicians, the people have not kept pace with the profession in matters medical. They have not yet learned to discriminate between a practitioner of liberal training and the ignorant but bold pretender. The advertising chiropractic who traces all disease to spinal luxation has his followers. We recently had a call from one of these fakers who incautiously remarked that he had "been cured of an old complaint by the water at Berkeley Springs," which led us to remark: "You are going back on your own principles. Why didn't you have another chiropractor adjust your spine?"

Strange, isn't it, that juries of fair intelligence decline at all times, as in the case of this man, to bring an indictment, when abundant evidence is presented showing that the law is being violated. The correct principle was enunciated nearly seventy years ago by Dr. Houston. The law of every State should require that every man who desires to heal the sick shall first be well educated and then secure at least four years' training in the principles of medicine. After this, let him take whatever name he may prefer.

We have been compelled to omit the insertion in the Journal of two original articles this month because of failure to receive return of proof sent to their authors or to doctors who took part in the discussions. We believe the delay was owing to their absence, on vacations. We earnestly request prompt return of all proofs sent for approval or correction as the arrangement of matter is otherwise very difficult.

It was the editor's great pleasure to attend the graduating exercises of the St. Peter's Hospital Nurses' Training School at New Brunswick recently. We will give a report of it next month, but we now wish to speak of the attendance, decorations, addresses and the music as having been exceptionally good. We will insert in a subsequent issue of the Journal Dr. F. M. Donohue's excellent address to the nurses.

We call special attention to the Prize Essay announcement; to the fact that the annual meeting of the New Jersey Sanitary Association will be held at Lakewood, December 9 and 10, 1915, and to a meeting of the Committee of Arrangements for the 150th anniversary of our State Society at Lakewood on December 9th which we have called at that place, because all of its members generally, attend the meeting of the Sanitary Association.

Correspondence.

Commendation.

Columbus, Ohio., Sept. 8, 1915.

David C. English, M. D., New Brunswick, N. J.

Dear Dr. English:

It is a great pleasure to note that your Journal has come out for clean advertising. I know just how hard it was to make the plunge. We took the same step somewhat over a year ago and I want to encourage you by saying that we never have had cause to regret it. It has always been a pleasure to receive your Journal, and it will be an added one in the future.

With best wishes for your success, I am
Very truly yours,
J. H. JUPHAM.

Formerly Editor of Ohio State Med. Jour.

Methods of Procedure Against Accused Members of County Societies.

To the Editor of the Journal:

Permit me to refer to the amendment to Chapter VIII., Section 2, of the By-Laws, adopted at the last session of the State Society. I am led to do this because there appeared to be some uncertainty as to the proper connection the amendment sustained to the Society, judging from remarks made at the time of its passage; and further, for the reason that in the last paragraph of my explanation of the import of the amendment, the words, "this Society" are substituted for component society. What was said in that explanation was that the component society, which is the judge of its own membership, should also be the judge of the guilt or innocence of an accused member.

It is quite evident that, in that class of offences considered by the amendment, the proper procedure should be to bring charges against the accused whether he be a member of the accuser's component society, or any other component society in the jurisdiction of the State Society, which charges must be referred to the board of censors of the society of which the accused is a member.

Thus, the matter is placed where it properly belongs, in the first instance, and the component society, which was the "judge of the qualifications" of that member, at the time of his admission to the society, now becomes the judge of his guilt or innocence. In other words, the accused is tried by a jury of his peers.

His cause may reach the court of last resort—the Judicial Council—but only through an appeal from the decision of the board of censors of his society to the councilor of his district, whose decision may again be unsatisfactory, and then he can appeal to the Judicial Council, whose decision is final.

With your permission, Mr. Editor, I add the section, with the amendment in its proper sequence, so that none may be in doubt as to its true import:

Sec. 2. Collectively, the council shall be composed of the councilors of the Medical Society of New Jersey, and constitute a board of censors of this society known as the judicial council. The council shall consider all

questions involving the rights of members, whether in relation to each other, to members of other societies, or to the members of this society. All questions of an ethical nature and excuses from permanent delegates shall be referred to this council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members, and shall decide all appeals taken from the decision of an individual councilor. Its decision in all such cases shall be final. Provided, all questions of an ethical nature and all questions of discipline affecting members shall first be considered by the board of censors of the component society of which the accused is a member.

It was an error on the part of the writer of the amendment to add the words "the decision of the council in all such cases shall be final," as the council's decision is not rendered in this class of cases except upon appeal from the decision of an individual councilor; and, therefore, that sentence should procede the amendment, which is simply a definition of the manner in which proceedings against an accused member shall be instituted.

DANIEL STROCK.

NEW AND REINSTATED MEMBERS.

The following members' names have been entered on the Official List during September:

Essex County.

 Lawrence, Minnie J...
 Newark

 Pascall, Thomas M...
 Newark

 Schimmelpfennig, Robert D.
 Montclair

Middlesex County.

McDonald, Richard J.....Butler
Miller, Thomas B....Butler
Mutchler, H. Raymond.....Greystone Park

Union County.

LATE ITEMS.

Academy of Medicine of Northern New Jersey.

The Academy resumes its meetings this month as follows:

The stated meeting of the Academy on Wednesday, October 20th at 8.45 P. M., paper on cancer, "Its Prevention and Cure," by Dr. William L. Rodman, Philadelphia, president of the $^{\Lambda}$ M $^{\Lambda}$

The Section on Pediatrics on October 7; Section on Medicine, October 12, 8.45 P. M. Section on Eye, Ear, Nose and Throat, October 25 at 8.45 P. M.

Section on Surgery and Gynecology, October 26, at 8.45 P. M. Paper on "The Treatment of Deformities Following Infantile Paralysis," by Dr. Robert E. Soule. Paper on "Flat Foot," by Dr. C. E. Selvage, Dr. J. B. Morrison, president; Dr. E. D. Newman, secretary.

Dr. W. G. Schauffler Honored.

Ex-Senator J. S. Frelinghuysen has tendered a luncheon to Dr. Schauffler, the retiring presi-

dent of the State Board of Education, at his home on October 6th. An attendance of about 100 prominent men and educators is expected. (It is a well deserved honor.—Editor).

Rockefeller Laboratory.

The Rockefeller Foundation for Medical Research has begun work on the construction of a laboratory near Princeton for the study of animal diseases. The ground, buildings and equipment of the laboratory will cost about \$1,000,000, and the institution will be in charge of Dr. Theobald Smith, professor of comparative pathology in Harvard Medical School.

Editorials from Medical Journals

The Doetor in Court.
From the Medical World.

Keep cool, speak slowly and advisedly, adhere strictly to what you know personally, and decline to consent to admission that any author whose text the attorney may hold in his hand is recognized as "an authority" by the profession-at-large. This is a favorite method of attack: To hold up a text by some standard author and ask the physician testifying, if he has read the book; if so, does he agree with it? If so, is not this text considered as "authority" by the profession-atlarge? Affirmatives to these questions are followed by skilfully designed questions until the witness is led to contradict some trifling statement by the author-and then he is speedily at the mercy of the unscrupulous attorney. Never for an instant forget that the attorney is ignorant of your science, and must "trap" you on isolated statements he gleans from some text of which he is without knowledge. The best attorney that ever lived (or the worst) should be "easy game" for any physician on the stand, if he but keep cool. Watch him. and if he shoot any "expert" questions at you, appeal to the presiding judge, as follows: "Your Honor, I can answer that question; shall I do so? You know it is an expert question, and if? answer it, I ask you to instruct the clerk of court to enter me as an expert witness at the legal fee." His Honor will promptly "squelch" that attorney, as he will not be arxious to book you up at \$50 or \$100 a day.

Who Pays for This Journal? From Colorado Medicine.

Who pays the cost of printing and publishing Colorado Medicine? On seeing this question the reader, if a member of the State Medical Society, will be pretty sure to answer, "Why, I do, of course!" It is true that Colorado Medicine is supported in the first place out of a per capita fund set aside each year from the members' subscriptions. But the amount thus appropriated falls materially short of paying the gross expenses of maintaining this journal. The person who co-operates with the members of the society in providing the necessary sum is the advertiser.

It would be in many ways agreeable if Colorado Medicine could be issued entirely without advertising. But our resources are so substantially increased from this direction that no such plan is or is likely to be in contemplation. It is therefore right that every member of the society should be constantly and definitely conscious of the benefit which he derives from the advertising pages. He should glance through these pages every month, note what advertising has been added or withdrawn, and should feel a personal obligation to satisfy our advertisers that their money is well spent.

The advertising in Colorado Medicine could be considerably increased if the State Medical Society and its publication committee were willing to accept no unethical and undesirable advertisers. But the society and the committee have adopted a high standard in this matter, a higher standard, in fact, than has so far been adopted by a number of other State medical journals, to say nothing of the great majority of those conducted by private enter-

prise.

Our advertising offers products which may be depended upon. Advertisers usually keep careful note of available indications as to the value of their advertising. They greatly appreciate letters of inquiry or requests for samples, and each individual member of the society can help his own official publication by writing an occasional postal card, or filling in and sending coupons, to the firms which advertise with us. The time required is insignificant. All that is needed is the willingness to devote a medium of energy to this means of assisting the Publication Committee, which is anxious to produce the very best medical journal financially within its reach.

The Case of the Doctors.

From the Wheeling, W. Va., Intelligencer.

The Intelligencer is free to confess not only its admiration, but its profound respect for the orthodoxy of the medical practitioner. It looks over the field of accomplishment and discovery in the science of medicine and surgery and joins with the world in acclaiming the wonderful advancement that the profession has scored in recent years, the golden agc, as it were, of medical efficiency. No other profession or business has contributed so much to the alleviation of human suffering and so largely increased the sum of happiness of mankind. Medical science in the Russo-Japanese war halted the ravages of typhoid, which was as decimating as bullets. It has carried its soothing touch to the wounded and torn in the present appalling butchery that is going on in The wonderfully efficient hospital Europe. systems of the belligerents are testifying daily to its healing aid and ameliorating intelligence.

Do we not have to acknowledge the beneficent victories of the profession in contemplating the marvel wrought by a Gorgas in the Panama canal zone, in making the unhabitable habitable, and the miasmatic swamps to give up their disease breeding germs. It has called death from its lurking place in other lands and vanquished the former unconquerable reaper. By its sanitary methods it swept the foul places of Cuba clean and banished forever the yellow scourge that used to sweep over the Carribean, fasten its clutches on Florida and breathe its blighting breath over the southern part of the United States. But why go on enu-

merating its contributions to the betterment of the world, when it has come to tethering the plauge and dissipating the pestilence.

There is a reason for the ethical code. The physician conforms to an inexorable line of private as well as public conduct, and not so much from compulsion as choice. He is not only the mcre healer of the family but the confidant, the trusted repository of the most intimate secrets, which are held as sacred as those confided to the spiritual adviser. Frequently the physician administers to the diseased soul as well as the afflicted body. In public life, in civic enterprises we find the physician an important factor in every community in the land. In the social improvement he is as active as in the sanitary. His intelligence and his trained mind are always found striving for the best in local and State government, and in the high places where executive ability is demanded his talents have shone resplendently. And if any attain to a great eminence it is through tribulation and sacrifice. If any gains a competence it comes only in the years that have left middle-age far behind. In the largest sense of the term it is a consecrated life, a career of benevolence whose gratuities are dispensed from motives of duty and not in the hope of future aggrandizement or pecuniary reward. This is the physician The Intelligencer knows and honors. It is not acquainted with the kind Dr. Barnesby describes, although it concedes that some of that description may exist.

Editorials from the Lap Press.

The Doctor's Hard Job.

From the Kansas City Star.

To the Star: We have just had a very bad sickness in our family. The doctor made a mistake in the nature of the disease, and before he got right his patient was nearly dcad. Fortunately the patient recovered. But the case has shaken my faith in doctors. Isn't medicine all guess work?

J. C.

J. C. doesn't tell the nature of the sickness that fooled the doctor, so the apportionment of blame is out of the question. It is quite possible that the doctor wasn't competent, for incompetent men get into medicine, just as they do into all other professions. But there is another side of the incident.

From the very nature of the practice of medicine there has got to be what J. C. calls a good deal of "guess work" in it. The human body is a very intricate and delicate machine. It is more. It is a very delicate and intricate machine which it is exceedingly hard

to get into.

The automobile is a comparatively simple machine. All that is necessary to keep it running is to get a proper mixture of gas and air into its cylinders, with an electric spark at the proper moment to explode the mixture. But if J. C. has had any experience with automobiles, or if he has talked with any mechanic or other person who has had experience, he must know that often it is the hardest thing in the world to diagnose the trouble with the motor from the symptoms. The same symp-

toms of trouble may come from half a dozen different causes.

A man who had difficulty in starting his car told his troubles to the head of a larg repair shop, and asked what was the matter. "I can tell you a lot better after I get into the engine," was the reply. "Maybe there is dirt in the carburetor. Maybe you have a sooty spark plug. Maybe there is a short circuit in the ignition system. Maybe there is a loose wire. I can't tell until I see."

The doctor is often in the position of this mechanic-except that he can't get into the machine to see what is the matter. He has to act on symptoms so indefinite that the mechanic would feel he had no basis to go on. If he could lift the hood of the human machine and inspect the machinery he would feel much more confident. Much advance has been made in recent years in diagnosis of human ailments. Various tests have been perfected, so that the doctor in many cases really has something to go on. He has tests, for instance, for typhoid fever and diphtheria and tuberculosis and various other diseases. takes the blood pressure of the patient, or has a blood count made, or finds from a bacteriological examination whether a certain suspected germ is present. But for all that, the present stage of medical science is still unsatisfactory. How unsatisfactory the best doctors are keenly aware.

Still, it is the greatest agency in the world for relieving human suffering. There is no more useful citizen than a well trained, honest, intelligent doctor.

Prevention.

From the State Gazette, Trenton.

The State Board of Health, in a bulletin recently issued, recommends periodical examinations by physicians as a protection against the insidious advance of disease. The suggestion is a good one and should not be passed without serious consideration. We are only machines, after all, and are sure to need repairing from time to time. It may be that the repairs can be made without the use of medicine. Self treatment, involving nothing more than a change of habits and attention to diet, will often restore the weakened parts to their normal strength. Most of us go ahead at a speed that is pretty sure to bring us to the point of breaking down sooner or later and that point is the one that we should do our best to avoid.

Too many of us are forgetful of the fact that nature expects us to be guardians of our physical destiny. When our digestion is good we are very apt to eat more than we ought to, happy in the thought that our stomach is capable of taking care of anything and everything we are disposed to dump into it.

The stomach is a patient organ, inclined to do its work faithfully and without compensation. Its patience is abused and when it refuses to be imposed upon further, we run whimpering to a physician and expect him to make peace between the abuser and the abused. A task, in a good many instances, not easily accomplished. An ounce of prevention is worth more than a pound of cure and a physician's advice before, is of far more value, sometimes, than his pills after. Therefore, a periodical going-over by someone who is ac-

quainted with the bodily organs and their functions, should go a long way towards prolonging human life under ordinary circumstances

Our Deadly Enemy, the Fly.

From the Jersey Journal, Jersey City.

Newark is setting an example to other cities in its "swat the fly" campaign. The city has been divided into nineteen districts, with an inspector of the Board of Health in each district. Each inspector must pay a weekly visit to every stable in his district to compel strict compliance with the health laws, besides keeping watch on other places where flies breed, on butcher shops, and vegetable and fruit stores, and on carless householders.

A demand is to be made to increase the inspection force to thirty-six, as Dr. William S. Disbrow, president of the Board of Health, claims that the present force is inadequate to carry on the warfare against the deadly fly as it should be done. Dr. Disbrow says that, even then, the Board of Health would be powerless to accomplish anything toward extermination unless it had the co-operation of the entire public. Dr. Disbrow thinks it will take fully ten years to educate our public up to a thorough realization of the fly menace.

In the work of education placards are to be distributed among stores and other public places in Newark, bearing such catch phrases as the following:

"Why the fly? swat 'em dead; don't buy food exposed to flies; less flies less funerals; fly-infected, food-infected; don't eat where flies are permitted; the only good fly is the dead one; kill the fly before it kills you: don't allow flies in your house; flies are a menace to health; don't let the flies feed the baby; the fly loves the baby's mouth."

All medical authorities agree that the common housefly is the greatest disease carrier known. The fly loves the filthiest places and germ breeding spots. It carries the germs of death on its feet and deposits them on human food and drink with which it comes in contact. The feet of a single fly has frequently been found, under microscopic examination, to contain enough disease germs to start an epidemic

If every city would attack the fly menace with as much energy and determination as Newark is displaying, flies would in a few years be exterminated.

Typhoid and Serum.

From the State Gazette, Trenton.

Considering the fact that it has proven satisfactory beyond a reasonable doubt, it is to be wondered at that the people generally do not ask for serum treatment as a preventative of typhoid fever.

A few days ago, twenty-one employees of the Haskell powder works, in the northern part of this State, were vaccinated with the purpose of immunizing them from this disease, which is as much dreaded as smallpox used to be.

The efficacy of the treatment is shown in statistics presented by the war department. Last year thirty thousand members of the army and navy were innoculated, with the result that there were only two cases of typhoid

fever reported in twelve months. Prior to the use of the serum treatment, there was an average of two hundred and fifty cases of typhoid in the army and navy each year. A most en-

couraging showing.

It has been claimed by some medical practitioners that the serum increases a liability to tuberculosis, but the army surgeons say this is not true. Their investigations have satisfied them that the serum also acts as a preventative of that disease.

This method of treatment has passed the experimental stage, and local boards of health will wake up some day, perhaps, to the advisability of vaccinating to prevent typhoid fever, just as they are now vaccinating to prevent smallpox.

Therapeutic Notes.

Asthma—Epincphrin Treatment.

Dr. E. Meulengracht, in Ugeskrift fur Laeger, reports that in five cases he found that the injection of 1'130 grain of epinephrin was far more effectual than any other measure previously used. One patient was given 1500 of these injections in the course of nine months. According to the author's experience, there is no cumulative action, and the system does not become accustomed to the epinephrin. seemed as effectual each time as at first, though it did not appear to have effect in eradicating the tendency to asthma. The effect is the more pronounced, the earlier the epinephrin is used in the attack. Local applications and inhalations of epinephrin spray also proved useful, though far less effectual than the subcautaneous injections.

Catarrh—Chronic Naso-Pharyngeal.

Dr. C. C. Matthews, in the Medical World, suggests the following:

R Cocain, gr. ii to iv.
Morphin, gr. ij
Adrenalin chlor., f5 iij.
Ac. carbolic, gtt. iij.
Fl. ex. golden seal, dark, gtt. iv.

Tr. arnica flo., gtt. iv.

Water, q. s., f\(\frac{1}{3} \) iss.

M. Sig.: Shake and inject 8 to 10 drops up the nose 3 or 4 times a day or oftener if needed.

Colitis in Infancy.

Dr. Hutinel, in Riforma Medica, recommends irrigations of the colon with the following solution:

Solution of hydrogen dioxide, 50 grams.
Sodium phosphate, 3 grams.
Sodium chloride, 5 grams.
Sodium bicarbonate, 0.5 gram.
Boiled water, 1 liter.

Chronic Nasal Catarrh.

Dr. W. Wilson states in the Practitioner, that it is absolutely essential, in the treatment of chronic catarrh, that the general health be perfected. Many patients will recover upon adopting a wholesome open-air mode of life, with abstention from tobacco, alcohol, etc. Calomel on alternate evenings, with magnesium sulphate in the morning, should be employed to relieve portal congestion.

Local treatment consists of simple lavage, which, however, must be persisted with. One teaspoonful of the following powder, added to a pint (500 c.c.) of tepid water, forms an efficient preparation for the lavage:

Powdered boric acid, Sodium bicarbonate,

Sodium chloride, equal parts. Add a little menthol and mix well.

A ball syringe should be employed in the douching, but great gentleness is necessary. If the head is bent somewhat forward and the patient performs rapid, sharp expirations through the mouth, there will be little danger of the solution entering the sinuses. On no account, however, should a swallowing movement be made.

Where there is a tendency to dryness and crusting, local treatment is best carried out by means of an oily solution sprayed with an

atomizer:

Mentholis, gr. v Camphorae, gr. ij Olei eucalypti, miij

Olei amygdalae dulcis, q. s. ad 3j

Where, upon examination, so much nasal obstruction is found that cocaine and epinephrin cause no shrinkage of the tissues, establishing freedom of the respiratory passages by operation is necessary before any treatment of the catarrhal condition can be successful.

Gastric Ulcer-Medical Treatment of.

Dr. P. Cohnheim, in Diseases of the Digestive Canal notes that there are two drugs of special value in this condition, namely, nitrate of silver and subnitrate of bismuth. As a general rule the former should be given in the acute chlorotic ulcer, and bismuth in the other forms of ulcer, in the following prescriptions:

Silver nitrate, gr. vij ss. Distilled water $\frac{\pi}{2}$ vj ss.

M. et Sig.: One tablespoonful (porceiain) in a wineglassful of water 1/4 to 1/2 hour before meals.

R Bismuth subnitrate, 3 iij ss.

Sig.: One teaspoonful in a glass of warm water, stirred well, before breakfast. Lie on right side one-half hour after taking.

If pain is not relieved by the above treatment it is best to prescribe belladonna combined with bismuth or an alkali one or two hours after eating, as follows:

Extract of belladonna leaves, gr. iii—v. Magnesium oxide,

Sodium bicarbonate ,aa 3 vj.

M. et Sig.: A teaspoonful one or two hours after meals, two or three times daily.

Extract of belladonna leaves, gr. iii. Bismuth subnitrate, 3 iv.

M. et Sig.: A knifepoint after meals.

If there are spasms of the pylorus from one-half to one wineglassful of olive oil should be given in the morning before breakfast and from one to two teaspoonfuls before the midday and evening meals; or the following may be given:

R Tincture of belladonna leaves, 3 j-j ss.

Sweet almond oil, \bar{z} j—j ss. Yolk of one or two eggs.

Distilled water, q. s., ad $\frac{\pi}{3}$ vij ss. M. ft. emulsio. S.: A tablespoonful before eating, t.i.d.

Graves' Disease.

Dr. Rummo, in Riforma Medica, prescribes the following:

Iron bromide.
Zinc bromide.
Zinc bromide.
Monobromated camphor, aa 1.50 grams.
Calcium glycerophosphate.
Ergotin, aa 6 grams.
Zinc phosphide.
Extract of cannabis indica.
Extract of belladonna, aa 0.60 gram.
Extract of coca, q.s.

M. et div. in pilulae, No. 120. S.: One pill three times a day.

Gonorrhoea-Treatment.

Dr. S. W. Moorhead, Philadelphia, in the Therapeutic Gazette, advocates the use of the abortive treatment in cases seen early, as advocated by Ballenger—the sealing of a freshly prepared 5 per cent. solution or argyrol in the urethra by means of collodion. This is repeated daily for five days, when in a large percentage of cases the disease will be found cured. In chronic gonorrhea the use of electrically heated sounds retained for thirty to sixty minutes at a temperature of 120° F. is recommended; also the use of the galvanic current to carry ions of silver, zinc or copper into the periurethral tissues. In cases seen too late to attempt the abortive treatment, 5 per cent. argyrol or 1/2 per cent. protargol hand injections four times daily, to be retained for five minutes, are advised. After the gonococci have disappeared, one per cent. zinc sulphate should be used.

Hay Fever-Sodium Bicarbonate in.

Dr. K. E. Kellogg, in the N. Y. Med. Jour., reports a series of fifty cases of hay fever, covering a period of three years. The first patient presented a general acidosis with a mild and transient glycosuria; the second high specific gravity of urine with a marked acidity. Acting on the theory that the general condition served as a primary cause by reason of certain irritating qualities of the blood, making the mucous membranes hypersensitive, Kellogg gave both patients sodium bicarbonate in dram doses three times a day. Such a marked relief from the rhinitis symptoms followed that he felt justified in administering the same treatment to the remaining forty-eight. Ninety per cent. of the patients enjoyed a marked amelioration of symptoms, and 70 per cent. complete relief after a few days' treatment; the remaining 10 per cent. were not as markedly benefited, although they all seemed to show some improvement. In three cases it was found necessary to supplement the treatment by the administration of a nasal spray of sodium bicarbonate solution.

Pneumonia—Digitalis in Large Doses.

Dr. Manfredi notes that this method of treatment has been employed by Maragliano since 1891 in his clinic at Genoa. Rasori and Tommasi were the first to attribute antiphlogistic properties to digitalis, and Traube perceived in the vasoconstrictor property of this drug a means of reducing the intensity of inflammation. In 1888 Petrescu, of Bucharest, reported the good results he had obtained in the treatment of pneumonia by means of large

doses of digitalis. During 1913 and 1914 Manfredi treated a large number of cases of pneumonia according to the method of Maragliano, as follows: On the first day there is given four grams of digitalis in the form of an infusion, and in very severe cases this amount is repeated on the following day. With the diminution in the frequency of the pulse the quantity of digitalis is gradually decreased, and the administration of this drug is suspended when the pulse falls to normal or below it.—Annali dell' Istituto Maragliano.

Action of Drugs on Isolated Gall Bladder.—Drs. Lieb and McWhorter, in the Jour. of Pharmacology and Experimental Therapeutics, say morphine relieves the pain of biliary colic by acting on the central nervous system. Atropin and the nitrites would seem to be indicated in the treatment of gallstone colic. The use of epinephrin to produce relaxation of the gall bladder is not justifiable, inasmuch as a systemic action can be obtained only after intravenous injection.

Treatment of Aeute Coryza.—Dr. Rosenthal in Deutsch, med. Wochenschr, states that surprisingly good results are obtained in acute coryza from the administration of dionin, in half grain doses,-once or twice daily. The dionin is best prescribed as a powder, mixed with sugar. The secretion dries up, the sneezing ceases, the general malaise disappears. Later, salicylates should be given to complete the cure.

Medication by Inhalation. — G. Moretti has performed a series of experiments which show that the mucous membrane of the respiratory tract is capable of absorbing to an appreciable degree for therapeutic purposes drugs insufflated in the form of a dry powder, notably the iodides and compounds of calcium.—Giornale Internazionale delle Scienze Mediche.

Hydrogen Peroxid as a Household Remedy. -Solutions of hydrogen peroxid is an unusually popular household remedy. It is frequently used as a gargle, a mouth wash, and a local application in cuts, burns, and other wounds. The commercial product may be preserved with acetanilid, may contain an excess of acid, or be altogether devoid of free oxygen. The pre sence of acetanilid, while perhaps not objectionable as such, entails heterogeneous decomposition products that are nauseating if not otherwise harmful. A preparation containing an excess of free acid might do considerable harm when used as a tooth wash, and a preparation that is devoid of free oxygen may be otherwise contaminated and when used on a wound might prove to be a source of infection rather than a preventive.-Public Health Re-

Potassium Permanganate for Mosquito Bites.—Dr. A. L. Wolbarst, in a communication to the Therapeutic Gazette, says: There is nothing in my experience more effective for mosquito bites than a strong solution of permanganate of potassium. I have found it equally useful whether the sting is produced by the dainty Jersey mosquito or the big fellows of the Montana Rockies. The solution must be

strong enough to stain the skin dark-brown, and the resulting relief is instantaneous.

Hospitals.

All Soul's Hospital, Morristown.

A campaign will begin on October 18 to raise \$100,000 for a new hospital building for All Souls'. The hospital has a \$10,000 legacy recently left to it; also some real estate in Madison devised to the hospital, and the brick-selling campaign of the early summer, together amounting to about \$20,000, will give a good start to the coming campaign.

Bayonne Hospital.

The Bayonne Hospital netted over \$400 from the ball game played by the Bayonne doctors and the Elks of that city, in which the doctors won by a score of 3 to 0.

Bridgeton Hospital.

The following is the report of Bridgeton IIospital for the month of August:

Patients admitted, 31; discharged, 33; operated upon, 29; births, 1; deaths, 1; patients remaining, 20; total days patients, 596.

Hudson Tuberculosis Hospital and Sanatorium.

The August, 1915, report of the Hudson County Hospital and Sanatorium gives the following statistics: Number of patients August 1st, 159; admitted during the month, 40; discharged, 21; died, 12; patients remaining, 166; employees, 45; average number of patients per day, 161. Maintenance expense, total \$6,114.99; per capita cost, \$0.957. Total administration expense, \$9,267.43; total per capita cost, \$1.45.

Mountainside Hospital, Glen Ridge.

On September 26, "Hospital Sunday" was observed in Montclair, Glen Ridge, Verona and Caldwell, when collections were taken for the running expenses of this hospital. The annual cost of its maintenance is about \$50,000 of which \$35,000 is paid in fees by patients and the remainder by friends of the institution. This hospital probably serves a territory with a population of nearly 60,000.

Muhlenberg Hospital, Plainfield.

Mrs. Samuel Milliken, of Plainfield, has presented an auto ambulance to the Muhlenberg Hospital, equipped with all modern appliances and has a capacity for two patients. The ambulance complete cost \$2,200.

Soho Isolation Hospital.

A new sewerage system, additional laboratory and pharmacy facilities and a fire alarm system at the Isolation Hospital at Soho, are being planned for by the Board of Freeholders. The question is being discussed of constructing a hospital for infectious diseases and a wing to the main hospital for children's cases.

State Hospital, Trenton—Typhoid Fever at.

Five cases of typhoid fever developed in one of the women's wards at the State Hospital recently. Medical Director Dr. Henry A. Cotton reported the matter to the State Department of Health and Dr. R. B. Fitz Randolph, director of the State Laboratory of Hygiene, is conducting an investigation.

A Modern Hospital.

The new Cincinnati Hospital, recently opened, is possibly one of the most up-to-date at this time. Situated in a large park, it provides out-door sports for convalescing patients and the interior is complete in every detail even to having the children's wards supplied with toys. There are now 900 beds in use.

Palace Becomes a Hospital.

The winter palace of Emperor Nicholas, at Petrograd, has been converted into a hospital for the wounded with 1,000 beds. The row of gorgeous state chambers facing the Neva River is being used for wards. Only the Emperor's personal quarters are undisturbed, being maintained for his accommodation when he is stopping temporarily in Petrograd. The beautiful Pompeiian gardens are being utilized for baths.

Hospital Efficiency and the Hospital Surgeon

Dr. R. L. Dickinson states that the following are capable of standardization: The training and qualifications of the workmen and heads of departments and even the trustees; the tools and equipment; the organization of the workshops; and the procedure. There are five inefficiencies in professional work: (1) Lack of time given by the staff. The remedy includes a requirement of fixed hours and quality of work for salary; selection and promotion for merit; a continuous service; assistants with some salary and in sufficient numbers; a senior resident on salary. (2) Lack of organization. The remedy comprises single headed departments; small committees held to strict accountability; an understudy for every position; the associate in full charge two months of each year; long time teamwork in operating room; short time internes to do only minor surgery. (3) Lack of instruction. There should be definite methods and times of teaching and drilling younger (4) Lack of inspection. There is no check on the quality of work or end results. (5) Lack of publicity. There are no bulletined errors and no available comparisons. The author suggests a special form of report on the efficiency of each member of the professional staff. This report details the quantity and the quality of work; personality, progressiveness and executive ability; teaching; and inspections. The following committees are necessary: An efficiency committee; professional staff committees on house staff, operprofesating room, ward, histories, and dispensary; and planning committees on order of work insturction, and discipline. There should be a Central Board on Standards, whose function it should be to collect information and sift it, to allot the parts of the great problems for investigation, to furnish means for some part of the necessary research, to publish the results, and in general to serve as a board of Experiment stations should be escontrol. tablished in a variety of locations and institutions. There should be a central library with branches and the utmost facility for loaning books. A museum of standards should be established.

Marriages.

DOWNS-CURTISS .- At Ansonia, Conn., August 21, 1915, Dr. Roscius Irving Downs, of Riverside, N. J., to Miss Mabel Hassard Curtiss of Ansonia

KUHL-WOODS .- In Trenton, N. J., September 16, 1915, Dr. Paul E. Kuhl to Miss May Adele Woods, both of Trenton.

ROSS-DODD.—At St. John, N. B., Canada, September 00, 1915, Dr. Alexander S. Ross, of Camden, N. J., to Miss Florence L. Dodd, of St. John, Canada.

Deaths.

ALEXANDER.—At Paterson, N. J., September 22, 1915, Dr. Archibald F. Alexander, aged forty-two years. Dr. Alexander was born in Paterson. He was educated in the local schools, and afterwards en-tered the New York University Medical College and afterwards took a course in the College of Physicians and Surgeons, New York, graduating therefrom in 1895. He then located in the Totowa section of Paterson, built up a large practice there, and for many years was the only resident doctor in that section. was a member of the Passaic County Medical Society, the Medical Society of New Jersey, the Academy of Medicine, New York City and the American Medical Association. He was connected wth the Paterson General Hospital, serving eighteen months in 1894 and 1895 as interne and since then as the official X-rayists of the hospital.

Dr. Alexander also served in civic positions. He served two terms as a member of the Board of Education; at the end of his second term, when his friend Dr. A. F. McBride was elected mayor, he was appointed by the mayor on the board of fire and police commissioners, but declined a second term. In both positions he became president of the respective boards. He was also a member of the Hamilton Club and of two Masonic lodges. He succumbed to a heart attack, caused by a stroke of paralysis

which occurred last spring.

GUENTHER. — At his summer home in Mountain View, N. J., September 12, 1915, Dr. Emil Ernest Guenther, of Newark, aged 61

Dr. Guenther was born in Newark in 1854. After attending the public schools there he entered the New York University Medical College from which he graduated in 1877; hc had been a coroner, a trustee of the City Home. He was visiting surgeon at the St. Barnabas, St. Michael and German hospitals. He is survived by a widow, three daughters and two

ILL.-At Island Heights, N. J., September 10, 1915, Mrs. Clothilde Catherine L. Ill, wife of Dr. Edward J. Ill, of Newark, N. J.

SUTPHEN. - At the Memorial Hospital, Morristown, September 12, 1915, Dr. Frederick Cornell Sutphen of Bernardsville, N. J. Aged 53 years.

Dr. Sutphen came from old Dutch stock

that landed in this country in 1695. He was born in Peapack, N. J., January 14, 1862, the son of Dr. and Mrs. Peter T. Sutphen. He attended the public and later a private school in Pluckemin, after which he entered the New York University Medical College from which he graduated in 1889. Later he took a special surgical course at Bellevue Hospital. He began practice at Liberty Corner and continued there until 1896, when he moved to Bernardsville. He has served as a member of the Board of Health and also of the Board of Education and at the time of his death was medical inspector of the township schools. He was a trustee of the First Congregational Church and president of the Bernardsville Water Company. His death followed an operation for rupture of the diaphragm.

He was a member of the Somerset County Medical Society and of the Medical Society of New Jersey. He was also a member of several Masonic lodges. He is survived by a widow

and three daughters.

The funeral service was held September 15. Drs. Ira T. Spencer, of Woodbridge; F. C. Jones, of Basking Ridge; G. S. DeGroot, of Mendheim, and M. C. Smalley, of Gladstone, served as pallbearers.

WADE.—At Millville, N. J., September 14, 1915, Dr. John Wallace Wade, in the 60th year

of his age.

Dr. Wade was born in Lancaster County, Pa., in 1855; he was of Scotch-Irish descent. His family moved to Millville when he was a young boy. He had a good preparatory education, after which he entered Jefferson Medical College, Philadelphia, from which he graduated in 1884 and settled in Millville soon after where he has practised since and was one of the best known physicians in South Jer-

He was a member of the Cumberland County Medical Society, of the Medical Society of New Jersey, a Fellow of the American Medical Association, a member of the American Public Health Association, of the American Association for the Advancement of Science, of the American Forestry Association and the New Jersey Sanitary Association. He was president of the Millville Board of Health and of the Cumberland County Mosquito Extermination Commission.

Dr. E. S. Corson, reporter of the Cumber-

land County Society, writes:

Dr. John W. Wade, aged 60, of Millville, died September 14th and was buried from his late residence September 17th. His malady was cancer of the stomach and adjacent organs. He was incapacitated for duty about three months.

Dr. Wade was of a cosmopolitan disposition. His interests and membership included societies of Nation, State, county and his own city. He was ever ready to serve in any capacity where he could help the other fcllow. He was of a most genial nature; inclined to excuse rather than accuse the faults of his brethren. He was desirous that all medical men should belong to the county society. He was regular in his attendance at the meetings. He enjoyed himself immensely at the banquets and always had a witty story to enliven the good fellowship of the ocasion. He produced medical papers of value at various times.

Bersonal Rotes.

Dr. J. G. Lewis Brogmeyer, Bayonne, sailed September 9 for Vienna, where he will aid in relieving wounded soldiers.

Dr. J. Hervey Buchanan, North Plainfield, recently returned from a two weeks' fishing

trip in the Thousand Islands.

Dr. Charles J. Craythorn, Trenton, and family recently returned from their vacation spent on Long Island.

Dr. Alexander Dallas, Florham Park, has moved to his Pine Brook home.

Dr. Lucius F. Donohue, Bayonne, and family spent the month of August in Maine.

Dr. Samuel C. Haven, Morristown, has returned home after spending a month camping in Canada.

Dr. J. Edgar Howard, Haddonfield, and wife enjoyed a trip to Niagara Falls last month.

Dr. Frederick Keller, Paterson, and wife spent a few days at Budd Lake last month.

Dr. F. Irving Kraus, Chatham, has been appointed medical inspector of the local public schools.

Dr. Frederick J. La Riew, Washington, and family spent a few days in Williamstown, Pa., where they attended the wedding of a niece.

Dr. William G. McCormick, Whippany, was nominated at the recent primary for the Assembly.

Dr. Jesse L. Mahaffey, Camden, and family have returned home from Ocean City where they spent their vacation.

Dr. Caldwell Morrison, Newark, has returned from Lake George where he spent his

three weeks' vacation. Dr. John Nevin, Jersey City, is a member of the commission appointed by the Governor to secure options on land for the proposed hospital for the insane, in South Jersey.

Dr. Fred Wooster Owen, Morristown, and daughters have returned from their three

weeks' stay in Mainc.

Dr. Clarence A. Plume, Succasunna, and wife made a brief visit at West Orange.

Dr. George H. Sexsmith, Bayonne, and family returned last month from a month's stay at Spofford, N. H.

Dr. William A. Tansey, Newark, has recovered from a severe illness.

Dr. Isadore Topkins, Califon, spent two weeks at Asbury Park in August.

Dr. Francis Tweddell, Summit, and wife returned last month from their summer home at Port Jefferson, L. I.

Dr. William S. MacLaren, Princeton, and wife have returned home from Bay Head.

Dr. Peter B. Davenport, Vailsburgh, recently returned from a fishing trip to Barnegat.

Dr. Robt. Hunter Scott, Newark, and wife have returned from Lake Minnewaska, N. Y.

Dr. Harry E. Shaw, Long Branch, was foreman of the Monmouth grand jury. He received as a gift from the jury a chafing set.

Dr. Charles E. Teeter, Newark, and family are at North Creek, N. Y. They will return September 15th.

Dr. Joseph M. Wells, Trenton, and wife spent two weeks at Atlantic City recently. .

Dr. Edward K. Hanson, Perth Amboy, suffered the destruction of his office and residence by fire August 22.

Dr. Levi B. Hirst, Camden, and wife have returned home from a two weeks' stay at

Ocean City.

Dr. Alexander MacAlister, Camden, and wife spent some days at Eaglesmere, Pa., last month.

Dr. Frank P. McKinstry, Washington, and wife spent a week recently in Philadelphia.

Dr. Paul Cort, Trenton, was confined to his home several days recently by illness.

Dr. Isaac N. Griscom, Camden, who has been practicing at Ocean City during the summer, has returned home and resumed practice in Camden.

Dr. William F. Keim, Newark, has removed his office to the Aldinc Building, Broad and Lombardy streets.

Dr. Walter Madden, Trenton, and family spent two weeks last month at Anglesea.

Dr. George R. Moore, Trenton, recently returned from a five weeks' stay in the Adirondack Mountains.

Dr. Arthur C. Dougherty, Newark, and family recently returned from a month's vacation at Allenhurst.

Dr. John L. Meeker, Newark, has returned from Atlantic City, where he spent his vacation.

Dr. William W. Brooke, Bayonne, and wife are receiving congratulations on the arrival of a baby girl in their home.

Dr. William S. Collier, Trenton, has returned from his vacation spent in Atlantic City.

Dr. Charles E. Teeter, Newark, has returned from his vacation of several weeks spent in New York State.

Dr. Eustace C. Butler, Caldwell, and wife have returned home after spending several weeks in the West.

Dr. Millard F. Sewall, Bridgeton, wife and friends enjoyed last month a ten days' trip in the White Mountains in a touring car.

Dr. Lester R. Davis, Newark, and family enjoyed last month a two weeks' automobile tour of the White Mountains.

Dr. Harris Day, Chester, spent several days last month at Danville, N. Y.

Dr. Thomas H. Flynn, Somerville, and family recently returned from a two weeks' stay at Asbury Park.

Dr. Van Alstyne H. Cornell, Trenton, and family have returned from Spring Lake where they spent the summer months and the doctor has resumed his practice in Trenton.

Dr. George N. J. Sommer, Trenton, addressed the members of the Round Table Club of that city, at the Trenton House recently on "The Physician, His Making and His Ethics."

Dr. Walter E. Cladek, Rahway, and wife spent two weeks last month on a fishing trip in Maine.

Dr. J. Watson Martindale, Camden, contributed an interesting letter to the Camden Courier on "Progress in the East Camden Section," recently.

Carl E. Sutphen, Newark, has been spending a few weeks in Detroit, Michigan.

Dr. William R. Ward, Newark, and family recently returned from a six weeks' tour through Alaska.

Dr. Edward Ackerman, Dover, has been nominated for councilman of that city.

Dr. Josiah W. Crane, Trenton, spent a few

days last month at Lyndhurst.

Dr. George S. De Groot, Mendham, has been renominated for member of the Borough Council.

Dr. Paul M. Mecray, Camden, lectured to the pupil nurses at the Millville Hospital last month.

Dr. Watson B. Morris, Springfield, and wife motored to Atlantic City last month.

Dr. Edward S. Phelan, Newark, and wife spent a few days recently at Flanders. Dr. Frederick W. Sell, Rahway, attended

Dr. Frederick W. Sell, Rahway, attended the American Public Health Association at Rochester, N. Y., last month.

Dr. Henry Wallace, Glen Ridge, and wife returned last month from their outing in

Canada and New Hampshire.

Dr. George W. V. Wilkinson, Morristown, and wife spent several days last month at Nantucket.

Medico-Legal Items.

Liability of the Anesthetist.

One of two physicians separately employed, who undertakes to administer the anesthetic while the other performs an operation, is held in Morey v. Thybo (C. C. A., 7th C.) 42 L. R. A. (N. S.) 785, not to be liable for the other's negligence and malpractice in doing the work, if he has not actual knowledge of it.

Fraudulent Use of Mails.

On a trial for using the mails in aid of a scheme to defraud by representing himself to be a physician and specialist in nervous diseases, inviting the submission of statements of symptoms and, irrespective of what the symptoms indicated, inducing the belief in the patients that they were the victims of serious ailments and in dire need of medical attention, there was evidence of the defendant's competency and experience as a medical practitioner. It was held, however, that evidence that the symptoms which the defendant represented to his prospective patients as alarm ing evidence of disease were in fact no symptoms of disease at all, but of normal health, was sufficient to sustain a conviction.—United States v. Smith, 222 Fed. 165.

Expert Testimony as to Character of Wound. -in a case of homicide caused, in a physical struggle, by strangulation, according to expert and uncontradicted evidence, it was held to be competent for a physician who performed or assisted in performing an autopsy upon the body of the deceased to state an opinion as to the nature, character, and cause of a bruise or scratch on the defendant's face, which he examined or observed on that occasion, and to say it was a fresh break of the skin, that it had in it fresh blood, and that in his opinion the break in the skin was caused by a finger-Other witnesses observed the same marks and expressed the same opinion without objections. The injured part could not for obvious reasons be produced upon the trial in the condition in which it at first appeared. Without such evidence the jury could not

form any definite conclusion as to its nature, cause, or character.—State vs. Gunnoe, West Virginia Supreme Court, 83 S. E. 64.

Cross-Examination of Medical Experts as to Medical Authorities.—In a action for wrongful death claimed to have been caused by the defendant's act in compelling the deceased to remove from the cottage which she was occupying while she had typhoid fever it was held that testimony by medical experts that the removal was the cause of her death was not an invasion of the province of the jury, but was legitimate opinion evidence, being predicated upon the symptoms of the patient and attendant facts assumed to have been found by the jury. A medical expert who has treated the deceased testified for the defendant in effect that the removel, in his opinion, "had not unfavorably affected the patient in this instance, and that on the facts of the case, would likely increase her chances of recovery." It was held proper for the plaintiff to cross-examine him as to whether all medical authorities did not teach that typhoid patients must not be moved, if possible, the question being put to test the value of the expert's opinion and not to put in evidence extracts from medical books.-Lynch vs. Rosemary Mfg. Co., North Carolina Supreme Court, 83 S. E. 6.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

A Synopsis of Medical Treatment by George C. Shattuck, M. D. Second Revised Printing of the Second Edition. Price, \$1.25. W. M. Leonard, Boston, Publisher.

The Starvation Treatment of Diabetes with a Series of Graduated Diets as used at the Massachusetts General Hospital, by Lewis Webb Hill, M. D., and Rena S. Eckman, Dietitian, with an Introduction by Richard C. Cabot, M. D. Price, \$1.00. W. M. Leonard, Publisher.

MEDICAL EXAMINING BOARDS' REPORTS

	Examined	Passed	Failed
California, April	* 32	22	10
Colorado, July .	13	13	0
Connecticut, July	y 22	14	8
Delaware, June	7	7	0
Florida, June	67	53	14
Mississippi, June	e 58	46	12
Nebraska, May	45	43	2
Ohio, June	143	140	3
Pennsylvania, Ju	ne .233	209	24

*Thirty-nine candidates were licensed through reciprocity from January to April 16, 1915.

The next examinations by the New Jersey Medical Examiners' Board will be held in Trenton. October 19-20. Dr. H. G. Norton, secretary.

Public Health Items.

Contagious.

Yes, money is filthy lucre; There's no mistaking that. Let's call a twenty dollar bill A billion microbe mat.

"Bring sulphur straight, and fire," the Monarch cries.

She hears, and at his word, obedient flies. With fire and sulphur, cure of noxious fumes. He purged the walls and blood polluted rooms. -The Odyssey.

Child life is the most important resource of a State, yet we permit one in eight of all infants that are born to die. In this matter the medical profession carries a heavy responsibil-

Attention to Defects of Children.-The Bulletin of the Board of Health, issued August 29, urges parents to have the physical defects of their children corrected before the opening of the fall school term, calling special attention to the eye, ear and teeth of the children. At the beginning of the school year the medical inspectors of the Bureau of Health examine all the pupils. Those who have physical defects are recommended to their family physicians and those who cannot pay are referred to the hospital dispensaries or to free dental and eye dispensaries of the bureau.

The Child and the Community.-It is the duty of the community to protect its children from prolonged labor in mill or factory. That the growing child should be subjected to the strain of long hours of the grinding monotony of factory work is a short-sighted policy for the community, as well from an economic point of view as from a humanitarian one. child of to-day makes the community of tomorrow, and whatever the physical, mental and moral education of the child is now will be reflected in the character and standards of his day when he transmutes his present training into action.-E. O. Otis, M. D.

Dairymen Defy State Officers. — Western Maryland dairymen and owners of thoroughbred cattle, who recently united to refuse to obey the milk and health laws of Marvland, had their first clash with the State authorities, August 11, when a well-known cattle owner and dairyman near Yellow Springs threatened to shoot Dr. John S. Fulton, Baltimore, and Dr. Billings. This action followed a resolution passed the day before by the directors of the Dairymen's Association, to disregard all orders of the State authorities.

New Health Rules .- At Newark the ordinances prohibiting the selling of "dipped" milk by stores other than regular milk depots handling only milk and milk products, and requiring that children under 10 years of age suffering from whooping cough must wear, on the arm, a yellow band containing the name of the disease, went into effect September 1.

Prevention.—The prolongation of life by the suppression of preventable disease is of much greater value to the State than the cost of the means employed. To ward off the calamity of disease and to prevent the spread of a pestilence is to increase the sum of human happiness and to elevate the race.-Illinois State Board of Health.

Early Diagnosis .- In the entire realm of preventive medicine, there is no factor more potent than early diagnosis, first, because disease is far more amenable to treatment in the early stages, and second, because early diagnosis affords greater advantages in preventing the spread of infection to others. - Illinois State Board of Health.

The president of the board of health of Huntington, West Virginia, acquires a little fleeting notoriety by anathematizing the kiss and recommending in its stead a system of cheek patting, which seems to be quite satisfactory to him, theoretically. Some persons who have lived a long time in this world, but who continue to relish the kiss as an expression of affection, have been laughing at the West Virginian's proposed substitute, and a few have been wicked enough to doubt his sincerity. Anyhow, they will have nothing to do with it. They think some folks are veritable microbes and bacilli mad. They are willing to run the risks encountered and overcome by the pioneers of the race, not only because the pioneers survived, but also because a genuine kiss is worth all the risks following in its train.-Trenton Gazette.

Chicago Death Rate .- During the week ending August 7 there were 535 deaths in Chicago. compared with 615 during the corresponding week of 1914; the death rates were 11.4 and 13.4 respectively, and for the week ending July 31, 10.4.

Form of Exercise.—Barring heavy athletics, youth may be given a free choice of practically all games and forms of amusements. A warning should be sounded for the man past middle age who might attempt to adopt some of the strenuous games more suited to youth, but in general such risks are infinitely less than the opposite mistake—that of taking no exercise.—Public Health Reports.

A Little Knowledge of Health.-The old and oft-repeated saying, "A little knowledge is dangerous," is not wholly true; for even a little knowledge on health matters is better than complete ignorance. But no one should be content with just a little knowledge as long as there is opportunity to get more. Neither should we be puffed up with or overrate the little we have, but, as the advertising man says, "keep everlastingly at it" to get more.— Bulletin Chicago School of Sanitary Instruction.

Responsibility in Rural Sanitary Improvement.-Again, this is within the purview of the county health officer. But the broadening of the outlook of the resident of the rural district is not the obligation of one man or one

profession. The duty is shared by the church, the sociologist, the teacher, the minister, the welfare worker, in fact by all who bear responsibility because of position or knowledge. Where to begin is a point to be considered by each institution or worker in his own locality. but that each should do his part admits of no discussion. — Oscar Dowling, The American Journal of Public Health.

Oysters in Interstate Commerce. - Oysters now being shipped from northern oyster beds in interstate commierce are safer than ever before, being as safe a food as milk. This condition has been brought about through the sanitary surveys of oyster beds conducted cooperatively by the Public Health Service and the Department of Agriculture, by the hearty co-operation of the State shellfish authorities with the federal authorities, and finally by a realization on the part of the oyster men that they themselves, in the interests of their industry, must prevent the taking of oysters from suspected or polluted beds.—Bull. U. S. Dept. Agriculture.

Preventable Disease in Ohio.—The last issue of the Ohio Public Health Journal estimates that the State is losing about \$100,000,-000 a year through illness and loss of life due to preventable diseases. Of the 63,399 deaths in the State in 1913, 28,000 were preventable, and in the same year there were 56,000 cases of preventable diseases. The paper goes on to show that tuberculosis is 75 per cent. preventable; typhoid fever, 85 per cent. preventable; pneumonia, 45 per cent. preventable, and diphtheria, 70 per cent. preventable; that at least one-half of the deaths of infants under 1 year of age, one-third of the diseases of middle life and one-fourth of the ailments of later life, might be prevented.

The Training of Health Officers.

The transformation which is slowly being evidenced in medical functions is well demonstrated by the new regulations authorized by the Public Health Council for New York State Health Officers. Beginning November 1st, 1916, local health officers must be specially qualified for their work. They must possess a preparation not generally obtainable, unfortunately, in medical colleges that will enable them to intelligently attack public health problems.

The prevention of epidemics, lay education in sanitary doctrine, together with a practical working knowledge of laboratory methods are among the rational subjects familiarity with which is to be insisted upon for public health officers. The qualifications for health officers as stated are as follows:

I. They shall be graduates of medicine of

not less than three years' standing;
II. They shall when appointed be not less than twenty-four nor more than sixty-five years of age;

III. They shall have complied with one of

the following requirements:

(a) They shall have taken correspondence course in public health of one year with at least one week of practical demonstrations in laboratory and field work, both correspondence course and demonstrations to be approved by the Public Health Council, with examinations and a certificate; or

(b) They shall have taken a course in public health of at least six weeks, including practical laboratory and field work, with lectures and reading at an educational institution, such course to be approved by the Public Health Council, with examinations and a certificate;

(c) They shall have submitted evidence satisfactory to the Public Health Council of special training or practical experience in public health work, with examination if required by the Council:

Provided, however, that under special conditions specified in writing by the local board of health or other appointing power or by the health officer, any of these qualifications may be waived by the Public Health Council.

In addition to the qualifications demanded by these resolutions it would be well if some knowledge regarding the nature and value of hospital organizations were insisted upon.

The public health officer in a small community is charged by the very nature of his position with manifold responsibilities not alone for the maintenance of the public health and the prevention of disease, but for the prevention of accidents and the organization of institutions for adequately coping with the dire results of industrialism.

Co-operative schemes for small communities may well be fostered through health officers with a view to establishing co-operative ambulance systems, first aid stations, and small general hospitals supported by several communities in the interests of all. Despite all "safety first" propaganda, accidents are bound to occur, and it is important that as much attention be given by health officers to this phase of the public health service as to securing adequate and just provision for the care of the abused leper or typhoid carrier.—Dr. I. S. Wile, in Amer. Jour. of Surgery.

Reliable Death Reports.—The entire public health movement is based on the possibility of diminishing death and sickness. Our knowledge of the cause of death is based on reports of physicians and coroners. The expenses to the community are so heavy, and the necessity of prevention of disease so obvious, that the greatest obtainable accuracy ought to be available, and only the results of verified diagnosis used. Universal autopsy practice is unlikely. Education as to the needs of autopsy for the sake of raising the standard of medical practice and diagnostic skill, and for the sake of public welfare, will slowly prevail against religious objection and racial sentiment. In the meantime we have at hand a means of gathering reliable data by separating the records of death based on autopsy or other equally valid verifications of the cause of death, from deaths which were neither preceded nor followed by sufficient skilled medical or pathologic observation. By such a method we should attain two important objects: We should gather facts concerning the cause of deaths against which little or no criticism could be brought, and we should have parallel records of causes of deaths based, in many instances, on surmise or inscientific observations. - Haven sufficient Emerson, M. D., Amer. Jour. Public Health.

Exercise and Recreation. - These are, or should be, inseparable. Whether one walks, gardens, attends a gymnasium or plays golf, the exercise should be free from the spirit of drudgery and filled with the zest of enjoyment. A man's exercise should, if possible, be his hobby. No matter how poor the hobby, if it induces outdoor exercise, it is justifiable. amateur geologist, botanist or ornithologist is perhaps less fortunate than the man who has a chicken yard or a garden, because one hobby can be cultivated only on favorable occasions and in selected places, whereas the other is an urgent daily absorption. The woman who has no maid to take the baby out for its two-hour airing is fortunate. Lacking the necessary baby, the influence of the poodle is not to be despised.—Public Health Reports, May 7, 1915.

Fraudulent Claims of Patent Medicines.

The New York Health Department announces that the new registration ordinance is meeting with encouraging response. A considerable number of manufacturers have already applied for registration, and several of the larger retail druggists in this city have notified the manufacturers of patent medicines that they will refuse to handle after January 1 all patent medicines which fail to comply with the Health Department's new ordinance.

The United States Department of Agriculture announces more than half a hundred successful prosecutions under the Sherley amendment to the Food and Drugs Act, which prohibits false and fraudulent claims as to the curative or therapeutic effects of drugs or medicines. Criminal prosecutions against the manufacturers were brought in twenty-five cases, but in thirty-one instances the falsely and fraudulently labeled medicines were seized while in interstate commerce. Claims made by the manufacturers for the curative powers of these preparations ranged from tuberculosis. smallpox and diphtheria to coughs, colds and scalp diseases. A number of other criminal prosecutions and seizures are pending in various Federal courts throughout the United States because of alleged violations of the Sherley amendment similar to those which have already been tried. The officials charged with the enforcement of the Food and Drugs Act are of the opinion that the evils of the patent medicine business can be stopped only by most drastic action of this sort.

DEPARTMENT OF HEALTH OF THE STATE NEW JERSEY.

Statement of September, 1915.

The following figures give the mortality reports from July 10 to August 1, 1915, at the Department has decided to give the monthly tabulation for the calendar month:

The total number of deaths reported from July 10 to August 1, 1915, was 3,056, which gives a death rate of 12.66 for the month. By age periods there were 746 deaths among infants under on year, 251 deaths of children over one year and under five years, and 786 deaths of persons aged sixty years and over.

Deaths from infantile diarrhoea show the usual seasonal increase and constitute the leading cause for the month. Deaths from whooping cough are above the average, while ty-phoid fever caused fewer deaths than are shown for any monthly period with one exception during the past two years.

The accompanying table gives the number of deaths from certain diseases occurring during the month ending July 31, 1915, compared with the average for the previous twelve months, the average in each case being given in parenthesis:

Typhoid fever, 10 (18); measles, 25 (12); scarlet fever, 5 (10); Whooping cough, 33 (17); diphtheria, 27 (48); malarial fever, 0 (1); tuberculosis of lungs, 305 (316); tuberculosis of other organs, 55 (48); cancer, 197 (187); diseases of nervous system, 266 (277); diseases of circulatory system, 349 (503); diseases of respiratory system (pneumonia and tuberculosis excepted), 112 (198); pneumonia, 83 (240); infantile diarrhoea, 424 (187); diseases of digestive system (infantile diarrhoea excepted), 202 (195); Bright's disease, 248 (265); suicide, 40 (44); all other diseases or causes of death, 675 (694); total, 3,056 (3,260).

Communicable Diseases.

The total number of cases reported during July was 1,630, a decrease of 154 from the number reported in July, 1914. Of the 1,630 cases, there were 128 of typhoid fever, 24 of which were reported from Essex; 16 from Hudson, 9 from Gloucester, 7 each from Atlantic, Bergen, Monmouth and Passaic; 6 each from Camden, Somerset, Sussex and Union counties.

There were 387 cases of diphtheria reported: Eighty occurred in Essex, 151 in Hudson, 25 in Passaic, 31 in Union, 18 each in Bergen and Camden; 17 in Middlesex counties. One hundred and ninety-three cases of scarlet fever were reported, of which 65 were in Hudson; 48 in Passaic, 25 in Essex, 13 in Bergen and 10 in Monmouth counties. Seven hundred and forty-eight cases of tuberculosis were reported, of which 211 were in Essex, 199 in Hudson, 62 in Mercer, 44 in Camden, 43 in Passaic, 40 in Union, 28 in Bergen, 23 in Middlesex coun-

Bacteriological Examinations.

The following specimens were examined: From suspected cases of: Diphtheria, 1,033; tuberculosis, 470; typhoid fever, 1,120; malaria 53; miscellaneous specimens, 147; total, 2823.

Food and Drug Samples Analyzed.

Five hundred and one samples were examined, the following were found to be below standard:

Thirty-four of the 405 of milk, 2 of the 41 of cream, 1 of the 3 of cider vinegar, 1 of the 2 of lemon extract, the 1 each of cider and spirits of peppermint, 1 of the 29 of soft drinks and all three samples of vanilla.

The 2 samples of butter, all the 9 of flavors and the 1 each of dandruff remedy and washing powder were found to be above standard.

Bureau of Creamery and Diary Inspection.

During August 452 inspections were made as follows: Two hundred and fifty-eight dairies, 47 creameries, 44 milk depots, 103 ice cream factories.

Number of dairies scoring above 60% of the perfect mark, 69; scoring below 60%, 182; number given time limit, 37; number relinquishing the sale of milk, 7.

ADDENDA TO THE OFFICIAL TRANSACTIONS OF THE STATE SOCIETY, ,

Reports of the County Societies' Reporters to the Committee on Scientific Work.

ATLANTIC COUNTY.

To Dr. John C. McCoy, Chairman,

Dear Doctor—I have the pleasure to report to you a prosperous year for the Atlantic County Medical Society.

Nine meetings were held during the past year and all were well attended and seem-

ingly thoroughly enjoyed.

At the time of my last annual report our Society was getting ready to entertain the American Medical Association in Atlantic City. We feel that we were successful in our effort to make the National Association welcome and its visit a pleasant one. Only those county societies upon which falls the pleasure of arranging for this great annual gathering of physicians from all over the country can appreciate the responsibility and work connected with it. The success of the meeting fully repaid us for the time and effort spent and we will always be glad, and deem it an honor, to welcome the American Medical Association and Medical Society of New Jersey to Atlantic City.

We have been very fortunate throughout the year in having with us at our monthly meetings good speakers who brought with them an inexhaustible supply of up-to-date information. I take this opportunity, through my report, to extend the thanks and appreciation of the Society to these men who were kind enough to come to Atlantic City, and who added so greatly to the success of the Society during the year. They are as follows:

Drs. W. R. Nicholson, George Ross, Thomas McCrae, H. D. Jump, Levi Hammond, John McGlinn, Henry Beates, Jr., H. K. Pancoast, A. A. Uhle, C. A. E. Codman, J. A. Kolmer, and R. T. Rugh, of Philadelphia; Henry D. Furniss and William B. Snow, of New York; Frank D. Gray, of Jersey City; M. W. Reddan, of Trenton.

At a special meeting of the Society which was open to the public, Dr. Woods Hutchinson, president-elect of the American Academy of Medicine, delivered an excellent address on "Health as a Factor in Efficiency."

Several of our own men contributed from time to time to the evening program. The local men who presented subjects were: Drs. W. J. Carrington, Milton S. Ireland, Clarence Andrews, George M. Gould, Theodore Senseman and Emery Marvel.

We have two outings during the year, one to Vineland, N. J., and the other to the Northfield County Club, and we feel that these out-of-door semi-social affairs away from "shop" tend to breed a personal intimacy between individual members and seem to be thoroughly

enjoyed by all who participate.

I am pleased to be able to report an increase in membership, eight new names having been added to the roll. We have lost one member by death, Dr. E. A. Reiley, who was one of our oldest and most esteemed members, and one through resignation, Dr. Henry Ritter, who left Atlantic City to take a position at the sanatorium, Battle Creck, Mich.

We have had no serious epidemics of any kind during the year; indeed, we have had comparatively few cases of contagious diseases in Atlantic County. The health officer and his assistants have been busy taking care of the poor unfortunate drug victims, the Municipal Hospital having been given over to this work. I understand they have been very successful in their efforts.

Respectfully submitted,
BYRON G. DAVIS, Reporter.

BERGEN COUNTY.

John C. McCoy, M. D.,

Chairman Scientific Committee.

Dear Doctor—I beg to report a prosperous year for the Bergen County Medical Society.

Ten meetings have been held, all of which have been well attended. Our Scientific Committee has provided excellent programs; several of the papers have been published in the State Journal.

Six new members have been elected and one reinstated. We have lost one member by transfer to the Passaic County Medical Society, and one by resignation.

In March the Society gave a complimentary dinner to Dr. David St. John which proved a

very enjoyable affair.

We have been honored during the year with visits from the President and Secretary of the State Society.

Yours truly, FRED'K S. HALLETT, Reporter.

BURLINGTON COUNTY.

Dr. John C. McCoy, Chairman of the Committee on Scientific Work.

Dear Doctor—I am pleased to report for the Burlington County Medical Society a busy and progressive year.

Four meetings were held during the year and the scientific programs presented were interesting and instructive. The attendance at all the meetings was large.

At the annual meeting we were favored by a visit from our State President Dr. Frank D. Gray, and Vice-President Dr. Philip Marvel.

Dr. Gray gave us a very interesting talk which called forth some discussion.

We have not had to deal with any serious

epidemics during the year.

Our membership has been increased by the addition of five new members: Drs. A. I. Downs, S. R. Maul, George J. Wagner, Robert Sievers and I. N. Keim.

This brings the society's membership up, and will give us one more Permanent Delegate to the State Society: Dr. George T. Tracy was nominated.

I am very sorry to report the loss of two members by death, Dr. Alex. H. Small, of Riverside, and Dr. W. P. Melcher, of Mt. Holly.

Respectfully submitted,
D. F. REMER, Reporter.

CAMDEN COUNTY.

Dr. John McCoy, Chairman.

Dear Doctor—The regular meeting of the Camdon County Medical Society was held in the Dispensary at Camden on the evening of February 9, 1915, at 8 o'clock. Owing to the

absence of Dr. E. A. Y. Schellenger, our President, who was ill with pneumonia, and the absence of our Vice-president, Dr. William Iszard was elected president pro tem.

On motion of Dr. Daniel Strock, fifty dollars was voted to be sent for the relief of the stricken Belgian physicians, and on motion of Dr. Strock a resolution was adopted and sent to the Camden County Board of Freeholders requesting them to establish a bacteriological laboratory for the examination of such specimens as were sent by the physicians of Camden County.

The following applications for membership

were received:

Dr. Clare Hoener, Camden; Dr. Thomas M. Kain, Camden; Dr. Thomas K. Lewis, Camden, and Dr. Addison B. G. Reader, Camden.

The meeting was adjourned after a short session and the evening was given over to the entertainment of the members, their wives and sweethearts, after which refreshments were served to all of those present.

The regular meeting of this County Medical Society was held on May 11, 1915, at 1 p. m., at the Old Thompson Hotel, Gloucester, N. J., and Dr. E. A. Y. Schellenger, president, pre-

siding.

Dr. William A. Westcott, of Berlin, read a very interesting paper entitled "A Brief Sketch of the Life of Dr. John Snowden," who was formerly president of the County and State Medical Societies. His home for a great many years was on the site of the present County Hospital for the treatment of tuberculosis at Ancora, N. J.

On motion of Dr. William C. Roughley a committee consisting of Drs. W. C. Roughley, Wm. A. Wescott and John Stevenson was appointed to arrange for a suitable tablet or memoriam for Dr. Snowden to be placed in the County Hospital at Ancora.

Dre E. A. Y. Schellenger read a paper on the Camden County Tuberculosis Sanitorium at Ancora calling attention to the requirement

for admittance.

The Camden County Board of Freeholders making no response to our request for a county bacteriological laboratory, on motion of Dr. Strock a committeee was appointed to attend the regular meeting and make a personal request that they establish a Bacteroligical laboratory.

The following were unanimously elected to membership, after having been appointed by

the Board of Censors:

Dr. Clara T. Horner, Camden; Dr. Thomas M. Kain, Camden; Dr. Thomas K. Lewis, Merchantiville; Dr. Addison B. G. Reader, Camden.

The meeting adjourned and the members and guests were given a planked shad dinner such as can only be had in Gloucester and vicinity. The meeting was well attended and considerable life was manifested in the business session, especially by some of the younger members which is an exceedingly healthy sign for any medical society.

Respectfully submitted, EDW. B. ROGERS, Reporter.

CAPE MAY COUNTY.

Dr. John C. McCoy, Chairman.

Dear Doctor-I herewith submit my annual

report of the conditions of things medical in Cape May County.

Our Society has endeavored to keep in touch with the advanced thought of the times and has been favored with addresses by Dr. Hunter, Professors J. Madison Taylor, Wm. H. Wells, Dr. E. C. Pechin and others.

An effort has been made to induce all the regular physicians in active practice to become members of the Society, and all but three have joined ,which we consider a very creditable showing. but the society will not be satisfied until all in the county have been enrolled.

Respectfully submitted,

EUGENE WAY, Reporter.

CUMBERLAND COUNTY.

To Dr. John C. McCoy, Chairman.

Dear Doctor-The stated meetings of the Cumberland County Medical Society have been regularly held. In addition an outing was held, attended by the wives and families of the doctors. The success of this affair makes it worthy of recommendation to every society. Some of the meetings have been well attended, others not. The programs have been of the highest scientific interest. And yet, in the towns in which some of the meetings were held many doctors show little interest. Vineland seldom has more than four and Mill-ville is not much better. I find even hospital staffs do not avail themselves of the clinical material presented, and it is difficult to get the members together. Men who are doing good work do not get proper credit for it, nor their confreres the benefit of their experience. The doctors receive the notices of the meetings, throw them aside, fail to record them in their visiting book and excuse themselves by saying, "I forgot." "No man liveth to himself," etc., is very applicable here. Can anyone deceive himself by thinking he is growing by simply reading a dollar medical journal and depending on his own experiences as a teacher. Can he salve his conscience after making a mistake which might have been avoided by frequent interchange of experiences with other doctors? There are doctors in this county who have never attended a meeting of the county society. They claim the courtesies of the medical fraternity, but never contribute anything toward the esprit de corp of the profession.

The speaking of the State President at the outing in Millville was interrupted by a shooting match in which several doctors took part. The failure of the doctors in Millville to agree on the diagnosis of smallpox could have been avoided had there been closer co-operation. The public made a laughing stock of the profession on account of this mistake and made it a ground for refusing vaccination. The public institutions of the county provide ample clinical material for each meeting which if not elaborated on by local talent, could be used by visiting experts.

I find members at the meetings constantly saying they have no cases of interest to report. If so, there are no interesting cases, for many of them have large surgical and medical practices.

We need a medical evangelist to revive the desire for accurate scientific knowledge. The

example of the older men does not impress upon the younger men that any benefits are to be derived from belonging to and taking an interest in their society. They soon lose interest and settle down into the ruts of routine practice. The visits of the officers of the State Society are greatly appreciated.

Respectfully submitted,

E. S. CORSON, Reporter.

ESSEX COUNTY.

Dr. John C. McCoy, Chairman.

It is an epoch noteworthy as well as unusual which is signalized by the report which is hereby submitted by the Essex County Medical Society to the Medical Society of New Jersey, for this year marks the completion of a round one hundred years of existence of the Essex County Society. And this is not only a distinguished year in the matter of age, but also one of accomplishments. First, in membership there has been a great increase, indeed a record-breaker for any county society, 89 new members being elected during the year which is an increase of about 25 per cent. This was accomplished through the activities of a special committee appointed for the purpose, who systematically made personal appeals to all non-affiliated practitioners in the county for their membership, this being without regard to school of practice or anything except that they were registered as legally qualified practitioners by the State of New Jersey. The results show that a county society can make itself truly representative of medicine, as legally recognized, and include all practitioners; this greatly helps the fraternal understanding between men and enables the profession to discipline itself, when necessary, and thus control the evils of wrong practice, strengthen the hands of every member, and benefit both him and the public. The spirit of enterprise in our society, under the leadership of our president, Dr. Carl E. Sutphen, has, this year, been also manifested in other The Committee on Care of the directions. Insane and Feeble-Minded has worked faithfully at the great problems of reformation in this field and has succeeded in beginning, locally, to get improvements in the transportation and care of the insane which, if carried further, must benefit all concerned, patients and physicians, and help, by co-operation of other counties, to correct abuses and elevate conditions generally. One immediate result will be opening the opportunity to any practitioner to (temporarily), commit an insane case, on proper diagnosis, etc., by two physicians, and have it conveyed by ambulance, instead of handled by the police, too often, hitherto, a suggestion of disgrace as well as improper method of handling the sick.

There have been, beside the annual meeting, five scientific meetings of the society at which addresses were made by visiting speakers of prominence and discussions by members fellowed. One, under the Public Health Education Committee, was with the Public School Principals' Association and the subject "Sex Education," at which very profitable discussions by both the physicians and educators resulted in better understanding of the need and method of pushing this much-needed reform, really educating the young in sex matters.

Many other organizations besides the county society have done good work in scientific lines. The Essex County Pathological Society has held monthly meetings with programs replete with instructive specimens and cases. Academy of Medicine has had a year of regular meetings of all the sections at which both visiting speakers and local members have maintained a high level of interesting discussions. Other clubs have had their own meetings; library upbuilding has gone on strongly, the Medical Library Association accumulating a thorough-going collection and developing efficiency in administration.

Improvements in Hospitals and Boards of Health have followed the very rapid development of needs. The study of the milk problem and the safeguarding of the public against perils of impure, unclean or infected milk have been actively prosecuted and value of Medical Milk Commission standards demonstrated. To keep the profession constantly informed of scientific medical matters it has been the aim of the reporter to monthly pressent in the Journal a statement of current events. Papers read have also been secured and forwarded to the editor for publication, several of rare excellence.

Respectfully submitted,

FRANK W. PINNEO, Reporter.

GLOUCESTER COUNTY.

To Dr. John C. McCoy, Chairman.

Dear Doctor-The Gloucester County Component Society has held four regular scientific and one social session during the year. The attendance has been good and much interest manifested in the scientific work.

Papers were presented as follows: Dr. Chas. F. Nassau, "Choice of Anaesthetics in Various Conditions with a Strong Plea for Local Anaesthesia"; Dr. Martin E. Rothfuss, "Use of the Test Meal in Diagnosis of Diseases of the Stomach"; Dr. L. L. Flick, "Tuberculosis; Its Diagnosis and Treatment."

Pneumonia has prevailed to a considerable extent during the winter, also measles, varicella, mumps and a few cases of smallpox of a mild type. Dr. Eugene T. Oliphant, of Bridgeport, for many years an active member of the society, until failing health compelled his retirement, died on April 19th of cerebral hemorrhage.

Respectfully submitted,

H. A. WILSON, Reporter.

HUDSON COUNTY.

To Dr. John C. McCoy, Chairman.

Doctor-Annual reports are often listened to with credulity and frequently viewed askance as an evidence of the loyal optimism of the narrator.

In a retrospect of the Hudson County Medical Society for the year just passed, it is gratifying to know that there is no need for bol-The organization has never suffered severely from malnutrition, but in the last twelve months it has surely come up to the measure of the standard of full and robust growth.

Under the leadership of Dr. Gordon K.

Dickinson, the sessions have been well attended; a keen interest taken in the proceedings, and what is most important-a feeling of get-

togetherism and harmony.

The society felt honored when one of its members, Dr. Frank D. Gray, was called to the highest office in the State Society—the presidency-and nothwithstanding the opprobrium which has been heaped on Jersey City —perhaps some good may come out of Nazareth. We feel that if unrelenting assiduity counts for anything, the selection shall not have been made in vain.

Dr. Gray has added much to the success of our society since our last report. He organized a membership campaign, in which no long distance shells were fired, but hand to hand combat-the entire county being reconnoitred; every regular physician interviewed and over 50 new members enlisted. If proportionate results have attended his Statewide efforts in all other directions, we feel that the president from the anathematized city has won his spurs and has not been found want-

Much might be written on the year's work. but, as brevity and emphasis are seldom dissociated, a few paragraphs will suffice.

A glance shows that from a scientific side, progress and modernism stand forth. papers have covered many and divers topics; medicine and surgery have had their share, and the most recent thoughts on tuberculosis, urology and anaesthesia have been presented. Furthermore, the society has not confined its efforts merely to paper reading and discussions thereon. Its work has been in addition of the most practical kind. It has not been a kid-gloved band. It has virtually gone out into the byways and highways and compelled recognition. It raised its voice against interference with the municipal health officer, and its cry was heard and answered. It has even listened to a talk on women's suffrage.

The organization has gone to the bottom of things and introduced innovation worth taking cognizance of in having a conference with legislators in reference to bills pending having any relationship to the public health, the practice of medicine, etc. The results of these efforts are now matters of record.

Had nothing more been demonstrated than what concerted action by a body of medical men can accomplish, the year would be monumental.

If the successes of the past are as earnest of the future, one may prophesy that the Hudson County Medical Society is going onward and upward, and will hold its place as one of the State's most progressive and aggressive units.

> Respectfully submitted, WILLIAM FREILE, Reporter.

HUNTERDON COUNTY.

Dr. John C. McCoy, Chairman.

Dear Doctor-At the October meeting of the Hunterdon County Medical Society Dr. H. M. Harman, of Frenchtown, reported a very interesting case of mercurial poisoning. The patient had been given some bichloride tablets with directions to dissolve them in water and use as an injection for leucorrhoea. Her syringe developed a leak and became useless,

whereupon a neighbor woman told her that the tablets themselves might be inserted in the vagina, which the patient did. She soon developed a severe burning pain in the vagina, and these parts as well as the gums began to slough, and she died in a few days from acute nephritis with suppression of urine.

Dr. M. H. Leaver reported a case of atrophic cirrhosis of the liver. Her trouble began in January, 1913, with a cold in the head, and vague diffuse pains in the abdomen. In February she became jaundiced which cleared up gradually. On March 13th the presence of ascites was determined. She was tapped the last of March in the University of Pennsylvania Hospital but I have no record of the quantity of fluid obtained. On April 21st she was tapped again, and until her death on August 28th, 1914, she was tapped 86 times with the removal of 14,487 ounces of fluid.

Dr. G. N. J. Sommer, of Trenton, gave an interesting talk on the treatment of surgical

infections.

On April 27th the society was favored by a visit from Dr. Frank D. Gray, president of the State Society, who entered into the discussions and made an interesting address on "Medical Organization in General."

Dr. L. T. Salmon started a discussion on arterial nephritis and kidney permeability,

with report of a case.

Dr. Sommer reported a case of a man upon whom he did a decompression. The features of the case were the injury to the head from a fall, the patient becoming maniacal, the early development of optic neuritis, and the large clot found at operation.

Dr. F. H. Decker, of Frenchtown, read a paper on "Appendicitis from the Standpoint of the General Practitioner," which was free-

Dr. O. D. Gary, of Ringoes, also read a paper on "Pain in the Upper Abdomen in Chronic Disorders.

Fraternally submitted, M. H. LEAVER, Reporter.

MERCER COUNTY.

Dr. John McCoy, Chairman,

Dear Doctor-During the sessions of 1914-1915 of the Mercer County Medical Society there have been six papers read, viz.: "Carcinoma of the Mouth," Dr. W. Foote of New York; "The Indication for the Caeserian Section," Dr. G. N. J. Sommer; "Arterio-sclerosis," Drs. G. R. Moore and Lawrence H. Rogers; "Visual Acuity—Its Significance," Dr. J. F. Turner; "Eye Strain," Dr. Enoch Blackwell; "General Paresis and the Newer Method of Treatment." Dr. H. A. Cotton. At our last meeting the entire membership took part in a discussion on "Pneumonia."

> Sincerely yours, SAMUEL SICA, Reporter.

MIDDLESEX COUNTY

Dr. J. C. McCoy, Chairman.

Dear Doctor-The work of the Middlesex county Medical Society during the past year has been worthy of comment, not because it has done enough or as much as could be done, but because it has done something. Social life, which evidently has been lacking in the past, although not entirely developed, is somewhat improved among the members. At a meeting several months ago we had decided to hold scientific meetings, read papers among ourselves, present cases and in a general discussion, in which nearly all members participate, we cite our experiences and gain real knowledge, especially of those who are in a position to impart their learning to others.

There are many improvements which we might institute—like a resolution to do away with cheap lodge practice, which has been my endeavor, as well as a good many other members to enclose in our by-laws, but without full success. The feeling of friendship and benevolence toward all members still needs improvement.

Thanks to the scientific meetings of the County Medical Society all can gain knowledge that may be denied them elsewhere.

The papers read at the society meetings during the year were many and quite interesting. At the meeting on the 26th of August, Dr. Ira T. Spencer, of Woodbridge, spoke on the diabetic gangrene which was well discussed by Drs. Fithian and Henry, of Perth Amboy, and Drs. Donahue and Smith, of New Brunswick. The above meeting was held on Dr. F. C. Henry's farm, near Ellendale, where he had provided the members with an excellent feast.

The next meeting was held at Dr. F. M. Donahue's farm near Bound Brook, where both President F. D. Gray and Secretary T. N. Gray, of the State Society, were present. President Gray gave a heart-to-heart talk on the need of active interest by society members in scientific meetings, for more social activity, promotion of better feelings among members and dwelt upon the topic of medical economics.

Dr. T. N. Gray suggested that the better established physicians should, and generally do, take greater interest in the young physicians. There were many others who spoke upon the economic conditions of medical men, among them, Dr. C. R. P. Fisher, of Bound Brook; Dr. B. V. D. Hedges, of Plainfield, and after the meeting all enjoyed a most excellent dinner provided by Dr. and Mrs. F. M. Donahue.

At the meeting of October 21st, new officers were elected and the question of holding monthly scientific meetings was discussed. In November the meeting was held at the Squibb Laboratory, New Brunswick, where Dr. A. Sophian, a most able laboratorian, with Mr. E. R. Alexander, gave a thorough explanation to the members regarding the refining process of diphtheria antitoxin. Dr. Donahue spoke on "Tctanus and Its Treatment" which was then discussed by Drs. Sophian and Smith.

On December 16th a meeting was held at the Perth Amboy Yacht Club where the president, Dr. M. S. Meinzer, presented several cases of interest and Dr. B. Guttmann read a paper on "Twilight Sleep," which was dis-

cussed by many.

At the meeting held on January 20th, 1915, at St. Peter's Hospital, New Brunswick, a paper was read on "Intubation in Diphtheria" by Dr. F. M. Hoffman, discussed by Dr. Gruessner, both of whom have served on the staff of the New York Board of Health Hospitals.

On February 17th, another meeting was

held at the St. Peter's Hospital, where Dr. L. Y. Lippincott, of Metuchen, read a paper on the "Treatment of Pneumonia," discussed by Drs. Hofer, Sophian, Donahue and others. The paper as well as the discussions were most instructive. Dr. Sophian read a paper on "Lumbar Puncture, Its Technic and Diagnostic Value." It was a paper worthy of comment. This was followed by clinical cases from St. Peter's Hospital.

The next meeting was held on April 21st at the Madison Hotel, Perth Amboy, where Dr. F. C. Edgerton, of New York, read a most valuable paper on "Kidney Stones and Tuberculosis." He presented specimens of removed kidneys and stones, also X-ray photographs. The paper was most highly appreciated by the members who were held spellbound during his instructive lecture. Dr. Donahue, in discussing the paper, added valuable points in diagnosis of kidney lesions.

Dr. W. J. Arlitz, of Hoboken, spoke on the "Analysis of Psycological Relations Between the Lawyer and the Physician." The paper was most unusual as it brought out points not known to many physicians.

I wish also to speak of a sanatorium for tuberculosis which our members feel is urgently needed in our county. It is simply heart-rending to see patients, who have hopes for improvement and perhaps recovery, rapidly decline and die, simply because we cannot provide for them a place in a sanatorium where they could receive adequate treatment.

The list of new members since the last meeting of the State Society are as follows:

Drs. J. Virgil Shull, Chas. W. Naulty, of Perth Amboy; F. W. Scott, Abraham Sophian, Ralph J. Faulkingham, of New Brunswick; Chas. W. Weber, of South Amboy; George T. Longbottom and Thomas H. Platt, of Dunellen.

With deep regret I report the death of one of our prominent members, Dr. Henry C. Symmes, of Cranbury, N. J.

Respectfully submitted,

ANTHONY GRUESSNER, Reporter.

MONMOUTH COUNTY.

The Monmouth Couty Medical Society held the first of its bi-annual meetings at the Monmouth House, Freehold, on December, 1914. At this meeting the officers of the year were elected as follows:

President, Dr. E. M. Beach, West Long Branch; vice-president, Dr. D. E. Roberts, Keyport; secretary, Dr. L. D. Wise, Long Branch; treasurer, Dr. W. A. Robinson, Ocean Grove; reporter, Dr. B. E. Failing, Atlantic Highlands; censor, Dr. Wm. K. Campbell, Long Branch.

Annual delegates to the State Society—Drs. Wm. M. Hepburn, Freehold, and Wm. E. Anderson, Englishtown.

Dr. R. S. Bennett, the retiring president, read the paper of the meeting. Subject, "Medical Defense." Emphaysis was laid on the desirability of calling in our brother practitioners for counsel more frequently as a matter of protection. He stated that doctors are looked upon by many of the unscrupulous as being easy money and that the number of law suits is on the increase.

The Society endorsed the project of the Monmouth County Mosquito Extermination Committee and approved the formation of a Red cross committee. The president was requested to appoint such a committee in accordance with a communication from the A.

The society mourns the loss of one of its oldest members, Dr. A. J. Jackson, of Matawan, who died last year. Dr. Jackson for many years did an extensive surgical practice and there are many patients and friends who bow their heads to the inevitable; for doctors are not exempt from traveling the long unknown path.

The mid-year meeting of the society will be held in Allaire in the early part of June.

At the next annual meeting the Society will celebrate its 100th anniversary at Freehold. These annual meetings have always been held in the county seat.

Respectfully submitted. B. E. FAILING, Reporter.

MORRIS COUNTY.

Dr. J. C. McCoy, Chairman.

Dear Doctor - The component society of Morris County has continued to hold regular quarterly meetings.

The annual meeting now held in September was again held at the New Jersey State Hospital at Morris Plains on the invitation of the Board of Managers and the medical director.

The president of the Mcdical Society of New Jersey, Dr. F. D. Gray, being present, gave an address on his aims to unite and strengthen the profession during his term of office. Part of his remarks was in reference to the admission into county societies of other than regular practitioners of medicine, a subject that has given rise to a good deal of discussion in the society during the past year; Dr. Gray considered it one of great importance and thought that every physician should be admitted who did not practice sectarian medicine, if in other ways acceptable to the members of the society. A change in the by-laws in accordance with this idea was thought advisable by some members and a committee was appointed to revise the by-laws. This committee recommended the use by the society of the by-laws printed and distributed by the American Mcdical Association, but because some changes must be made in these to conform to the by-laws of the Medical Society of New Jersey, no change has as yet been adopted by the society.

An innovation was made during the past

year is the holding of evening meetings. This has been the means of increasing the attendance and if an opinion can be drawn from the comments of members, it is likely that most, if not all, our meetings will hereafter be held in the evening.

The society continues to gain slowly in its membership and is again entitled to three annual delegates to the meeting of the State Society.

Addresses have been given by Dr. Smith Ely Jelliffe, of New York City, on Psycho-analyses. Dr. R. D. Baker, of Summit, on X-ray diagnosis of diseases of the intestinal tract; while Dr. Harry Vaughan, of Morristown, and Dr. Guy Brewster, of Dover, and members of our own society have read interesting and instructive papers.

At the annual meeting the resident physicians of the State hospital described interesting cases of mental diseases, presenting patients to bring out more strongly the conditions spoken about.

The endeavor to procure a hospital at Dover, N. J., goes forward strongly, and its carly establishment is highly probable.

The staff of All Souls' Hospital, Morristown, N. J., resigned in a body January 1, 1915, in protest against conditions as they existed there. A resident physician has now joined the hospital and a new staff has been obtained which is helped out by practitioners outside of the county.

There were a few cases of typhoid fever last autumn in the county and during the winter numerous cases of diphtheria, measles and mumps have been reported.

The Morristown Medical Club continues its meetings and a similar organization in Dover is talked of.

Dr. T. N. Gray, of East Orange, Sccretary of the New Jersey Medical Society, and Dr. C. C. Beling, councilor of this district, have attended most of our meetings and are always willing to advise us for our betterment so as to increase the attendance and to help us to work along the lines laid down by the State Society.

> Respectfully submitted, E. MOORE FISHER, Reporter.

OCEAN COUNTY.

Dr. J. C. McCoy, Chairman.

Dcar Doctor - At the annual meeting of the Ocean County Medical Society, held in Lakewood, November 12, 1914, the following officers were elected:

President, Dr. George W. Lawrence, Lakewood; vice-president, Dr. Stewart Lewis, Lakehurst; secretary, Dr. W. G. Schauffler, Lakewood; treasurer, Dr. Irwin H. Hance, Lakewood; reporter, Dr. R. R. Jones, Toms River; annual delegate to the State Society, Dr. V. M. Disbrow, Lakewood.

A minute was adopted on the death of Dr. A. M. Heron, of Lakewood.

April 28, 1915, the scientific meeting of the society was held at the Laurel-in-the-Pines, Lakewood. After the routine business had been transacted, Dr. Craig, a former member of our society, but now associated with Dr. S. Solis Cohen, of Philadelphia, read a paper on Radium and showed specimens of water charged with it and the apparatus to measure

Dr. Frank D. Gray, president of the State Society, gave a short talk on organization of the profession. Dr. W. H. Iszard, the councilor for this district, was also present and gave a short talk. Dr. J. Lewis Lane, of Tuckerton, and Dr. J. Edgar Todd, of Toms River, were elected members of the society.

A lunchcon was served, after which the meeting adjourned.

Respectfully submitted, RALPH R. JONES, Reporter.

SALEM COUNTY.

Dr. J. C. McCoy, Chairman.

Dear Doctor—There have been three meetings of the Salem County Medical Society held during the year. Interesting papers were read at each meeting. No epidemics were reported. There has been better attendance and more interest has been manifested by the members during the past year.

We have lost no members and have admit-

ted four new ones.

Respectfully submitted, JOHN F. SMITH, Reporter.

SOMERSET COUNTY.

This Society which is just completing its 99th year as the organized medical body of the county is in spite of its age a very lively and active organization. The year shows a good attendance at meetings, a lively interest in progressive medicine, and a royal good fellowship amongst the members. The scattered location of our membership, necessitating long journeys to attend the meetings, has proven no barrier to their presence, and good earnest thoughtful exchange of experiences, coupled with the advances brought in from outside professional men, have done much to advance the medical standard. Reports of the monthly meetings have been transmitted to the Journal in full, and there may be little need to report them here. Suffice it to say that formal papers have been presented by Dr. Charles H. Smith, of New York, on "The Feeding of Infants." By Dr. J. S. Morehead on "The Transfixion Method of Treating Fractures of the Femur." By Dr. R. D. Baker, of Summit on "Visceral Ptoses." By Dr. H. A. Cotton of the Trenton State Hospital on "The Relation of the General Practitioner to the Diagnosis and Treatment of Mental orders," and by Dr. P. J. Zeglio of North Plain-field, on "Treatment and Prognosis of Carci-noma of the Breast." These papers were all of a high order, very instructive and much appreciated by all who heard them. A very interesting part of the year's work, however, consisted of the reports by the various members of unusual cases arising in their practices, and the discussions resultant therefrom. In fact so important is this phase of the work becoming that it will probably result during the coming year in a larger number of our members coming to the front with original articles for consideration.

We have had a good number of visitors during the year, notably the officers of the State Society and the District Councilor, and by no means small attendance from the Union County Society. Our own membership, comprising practically all the practising regular physicans of the county, stays practically the same. Drs. Hughes and Du Bois resigned to join the Union County Society as they had left this county for Union County. Dr. W. H. Merrill, our oldest member, was called above, and we miss his presence and mourn his loss. Suitable action was taken by the Society on his death.

Little business has needed attention by the Society other than usual routine, and the capable management has left nothing to be criticised. The Society has recently adopted a bylaw requiring the appointment of a Good and Welfare Committee to encourage and foster all matters looking to the betterment of the members and the furtherance of the work of the Society. It is hoped that much good will result from the work of such a committee. In June the Society will meet at Skillman as the guests of the president, Dr. Weeks. There is little more to record, there being no unusual conditions existing in the county in professional work, and no matters of especial interest among the members.

J. HERVEY BUCHANAN, Reporter.

SUSSEX COUNTY.

J. C. McCoy, M. D., Chairman.

Dear Doctor-The past year has been a year of peace and quietness in Sussex County. The members of the society report a year of prosperity. There have been no epidemics during the year. The society held its yearly meeting at the Pine Terrace Inn, Dover, N. J. This was the first time this society has held a social meeting. The members being invited to bring their wives and sweethearts along with them.

Dr. F. D. Gray, president of the State Society; Dr. Thomas N. Gray, secretary of State Society, and Dr. D. C. English, editor of State Society Journal, were present, and all gave addresses. The meeting was largely attended

and all were well pleased.

There has been an epidemic of La Grippe of universal severity during the winter and spring of this year which has kept the members of the society busy. We are thankful to say that there has been no illness of any serious nature among the members of the society, and no death of any member this year. Our usual spring meeting will not be held until next month, so my report is rather meager.

Respectfully submitted, H. D. VAN GAASBEEK, Reporter.

WARREN COUNTY.

Dr. J. C. McCoy, Chairman,
Dear Sir—The Warren County Medical Society held its spring meeting at Hackettstown, N. J., May 18, 1915. All officers of the society were present. The largest number of members (twenty-five) were present at this meeting than at any of our previous meetings. Several applications for membership were referred to Board of Censors. One new member was elected, Dr. Lefferts, of Belvidere, N. J.

The principal business before the meeting was the discussion of "Harrison Drug Law" and a committee of three consisting of Drs. Dedrick, Reese and Albertson were appointed to draw resolutions stating the sentiment of the Society regarding the law and submit these resolutions to the State Society. The following are the resolutions:

This Society is unanimous in its endorsement of such a drug law and expressly stipulates that its approval of the act outweighs

any annoyance of some of its provisions.

The County Society appointed this Committee to bring to the attention of the State Society the fact that we are inclined to ask that the State Society take steps to intelligently digest the law and urge upon Congress such relief from unnecessary oppressive restrictions to the medical profession which would render inert the intent of the law.

We further feel that in this burden upon our already overtaxed profession that no party or institution should be exempt from the law. Thomas S. Dedrick, J. M. Reese, W. C.

Albertson. Respectfully submitted,

CHAS. B. SMITH, Reporter.

Food for Thought.

To honor God, to benefit mankind, To serve with lofty gifts the lowly needs Of the poor race for which the God-man died, And do it all for love-oh, this is great And he who does this will achieve a name Not only great but good.—Holland's Katharina.

The darkest night that ever fell upon the earth never put out the stars.—George Eliot.

To him who goes cheerfully among the appointed thorns a thousand pretty blossoms spring up beneath his feet.—Sir Walter Besant.

"Follow and honor what the past has gained, And forward still, that more may be attained, Hold fast the good and seek the better yet."

Those who bring sunshine to the lives of others cannot keep it from themselves .- J. M. Barrie.

The essence of true nobility is neglect of self. Let the thought of self pass in, and the beauty of a great action is gone, like the bloom from a soiled flower.—Froude.

This is the preparation for a good old age: Duty well done, for its own sake, for God's sake and for the sake of the commonwealth of man. When a man works for himself, he neither gets rest here nor reward hereafter. -Robert Collyer.

The gift for self-detachment, and for living in another's joys and sorrows, is the genius of friendship. This ability to get out of one's self, and to think from the standpoint of another, is more than a quality of imagination; it is love itself. A selfish person cannot be a true friend—and being a friend is more blessed than having a friend. Self-giving is the fibre of friendship. The old Oriental symbol was for friends to transfuse their blood, in the most solemn covenants. That represented the reality, for friendship is the sharing of life itself. The true friend is the one for whom you would willingly suffer or die. That ideal exalts friendship to the Christ-plane; for Jesus said, "Greater love haith no man than this, that a man lay down his life for his friend.'

"Dost thou love life? Then do not squander time, for that is the stuff life is made of."-Benjamin Franklin.

"Things are not to be done by the effort of the moment, but by the preparation of past moments."—Richard Cecil.

"There is nothing in the universe that J fear but that I shall not know all my duty, or shall fail to do it."—Mary Lyon.
"I am only one, but I am one; I can not

do everything, but I can do something; and what I can do I ought to do; and what I ought to do, by the help of God, I will do."

"He who wishes to fulfill his mission must be a man of one idea; that is, of one great overmastering purpose, overshadowing all his aims, and guiding and controlling his entire life."—Bate.

Facetious Items.

Polypharmacy. Eye of newt and toe of frog, Wool of bat and tongue of dog, Adder's fork and blindworm's sting, Lizard's leg and howlet's wing.-Macbeth.

"You haven't got anything on my husband," said the woman in the drug store.

"Oh, yes I have," replied the druggist; he's wearing a porous plaster he hasn't paid me for yet."-Yonkers Statesman.

When a man's wife hears him call her maid an angel, the fly season is at hand.

Our idea of a fool is a person who pays twice for the same brand of experience.

Parson Johnsing-Well, Ezry, de rich man will hab a hard time gettin' into heaven.

Ezra-Yes, sah; but dat doan help de poor

"Why did you stay away from school, Tommy?"

"Me mudder broke her arm."

"But why did you stay away two days?" "She broke it in two places."-Boston Tran-

"Have you said your prayers," asked the

"Of course," replied the child.

"And did you ask to be made a better little

"Yes. And I put in a word for you and father too."-Washington Star.

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BOXE GRAFTING AND ARTHRO-PLASTY.*

By George H. Sexsmith, M. D.
Attending Surgeon, Bayonne Hospital,
Bayonne, N. J.

While Listerism which revolutionized surgery has existed for many years, it has only during the last decade been perfected to the point where it was considered safe to treat fractures by the open method, and for a lesser period of time has the surgeon considered it advisable or safe to invade the synovial or joint cavities except in extereme cases where from the character of the conditions with failure there was nothing to lose, and with success there was at least something to gain. This tardiness of the application of surgery to the bones and joints has been due to two principal causes; first, the general recognition of the liability of sepsis with its disastrous results in this particular line of surgery. This, together with the terrible outcome seen in the infected compound fractures and accidentally opened joints, was sufficient to deter the most courageous and daring surgeon from converting the simple into a compound fracture or from opening the joint for operative procedures. that immediately following the birth of asepsis which made possible the development of abnominal, thoracic and intracranial operations, the profession gave practically its undivided attention to the development of first abdominal and later thoracic and intra-cranial surgery, and only when the pathology of the surgical lesions of these parts had become comparatively well understood and their treatment was made practical did the surgeons of the world take up the development of the field

that had to do with the bones and joints, whose pathology and repair up to the present time are only beginning to be understood, although probably in no line of surgery has there ever been such progress made in so short a period as in the one under consideration.

We have seen the gradual evolution of the open treatment of fractures where the good results of a few of the pioneers encouraged others to take up this line of work, and with many probably through inferior technique or judgment in handling their cases the results were unsatisfactory. These failures led to strenuous objections by some, disagreement and doubt by others as to the advisability of the open treatment of fractures until the results of the successful were multiplied and the mistakes of the unsuccessful were pointed out. I believe we are indebted to Mr. Lane of London more than any other surgeon for a perfected technique, which, if followed out, will insure success in a large percentage of cases. Since the advent of his methods of operation, the open treatment of fractures has increased tremendously and is still increasing. I have referred to the high point of development of asepsis as one of the principal causes of success in bone surgery. I want here to emphasize this particular point. There is no line of surgery where anything short of the most perfect asepsis is so liable to give such deplorable results. This you will find generally acknowledged by surgeons doing this line of work at the present time, but who have in the past been doing general surgery. The requirements for successful bone and joint surgery are: First, the most perfect possible asepsis; second, a well-planned general surgical technique; third, a thorough understanding of the anatomical conditions; and fourth, a mechanical turn of mind.

Mr. Lane's success has been phenomenal,

^{*}Read before the Medical Society of New Jersey at Spring Lake, June 22, 1915.

especially that in his treatment of fractures he has at all times used the metal plate, screws, wires, nails, etc., with all the possible objectionable influences produced by the use of these foreign substances, still with his technique and perfect asepsis he has in a large percentage of his cases been successful in bringing about union of fragments as well as well formed and useful parts; still I contend that the introduction into the body of these foreign elements, which although possibly not producing an infection, must to the average mind appear

these plates and screws have been the cause of a sufficient disturbance to necessitate their removal, such disturbance being generally due to infection and occasionally to pain, the later caused by a loosening of the screws and a displacement of the plates, producing pressure on the soft tissues. It is a well known fact that a wire encircling a bone or having been used to hold fractured bones in apposition, if under tension, will cause a disintegration of even the hardest bone tissue within a very few days sufficient to cause a loosening of the wire to



Case No. 1—Fig. 1: Compound fracture of tibia and fibula with use of the inlay bone graft in both bones, the bone graft used in case of fibula being very narrow, was held in place by several kangaroo tendon ligatures which were passed completely around the bone, drill holes not being thought advisable because of their weakening effect on so small a bone. Patient able to resume ordinary occupation at the end of fourteen weeks.

as contrary to nature. Again, this claim for the successful use of these same appliances in the treatment of fractures in the hands of the average bone surgeon during the last five years cannot be made, as it has been found necessary in from thirty to fifty per cent of such operations that either immediately following or at some later period



Case No. 1—Fig. 2: Ten weeks after operation in which about the only evidence visible of a bone graft having been used is the light markings representing the drill holes. The patient resumed his ordinary occupation at the end of twelve weeks.

an extent that will prevent its being of much use as a support of the bone fragments which it surrounds. This is also true where nails or screws are used in the treatment of fractures. Every surgeon who has had any expeience in removing these nails or screws even within one week after they have been applied will appreciate the truth of this statement. This is one of the strongest pleas that could be given against the use of metal substances in the treatment

of fractures. The mere fact that even the most flinty bone tissues will not tolerate the presence of such foreign materials even under moderate tension without disintegrating within so short a time is evidence that in their use we are working contrary

to physiological principles.

While the progress made in bone surgery during the last five or six years has on the whole been of great benefit to humanity, and without doubt has been instrumental in bringing about better results on the whole in the treatment of the various forms of fractures met with, at the same time I believe the pendulum has swung too far in the direction of operative treatment. This is not an unusual experience in surgery, as we have found in the past that any new surgical procedures which have seemed to promise great things have often been applied to cases without any very definite understanding or particular study as to positive indications for such operations. In bone, surgery, the open treatment simplifies matters very much. It does away with the study of anatomy and of the different types of fractures. The diagnosis is made by the radiologist and the surgeon has to think but little about the plan of treatment, as it is always the same—simply the application of the plates, nails or screws. In other words, he becomes only a mechanic. These offenses against common sense, deplorable as they may be especially for the patient, are nothing in comparison to the harm done in cases of accidents, and these are by no means rare. While the patient with a moderately deformed arm or shortened leg. yet with good functional results will probably all his life blame the surgeon who treated the fracture, still this is of less importance and a small matter compared with a septic infection with possible disability or death following an open operation performed too often by those poorly prepared. I must enter a decided protest then against the adoption of the general treatment of fractures by the open method. I believe with the proper knowledge of anatomy and the use of common sense in the conservative treatment of fractures that in at least ninety per cent. of the cases good functional results can be obtained without the use of the open treatment, and in not over five per cent. of the cases so treated will we have nonunion? If these statements are true, then the surgeon who is treating practically all forms of fractures by the use of the open plan with all the dangers accompanying

this treatment is certainly jeopardizing the health and life of his patients to an extent which is hardly excusable.

We are taught in our surgeries that a fracture is a solution of the continuity of the bone. This, in fact, is only a part of the injury produced. We have rather in a fracture an injury which is, in a large majority of instances, a complex traumatic condition with a severe and in many cases most serious injury to the soft tisues, and in some cases the injury to the soft parts is of more importance than that of the bone. The injury of the muscles, nerves and



Case No. 2—Fig. 1: Compound fracture of tibia and fibula; reduction under anaesthetic and application of plaster of Paris cast with no infection or rise of temperature, with complete failure of union at the end of six weeks, at which time I operated, using the inlay bone graft in the tibia, holding the graft in place with kangaroo tendon ligatures which were passed through small drill holes, the lowest point of which entered the medullary canal at the junction of the bone graft with the fragments. With a freshening of the ends of the fragments of the fibula which were brought in apposition with some difficulty, no internal appliance being required to hold them in apposiation.

blood vessels, which amounts in reality to a lacerating and crushing, causes a lowering of the vitality and power of resistance to infection of the parts injured, as well as the formation of blood clots, this combination producing one of the most favorable culture-media that could be found, which condition with the most rigid aseptic precautions and capable surgeon must often give bad results on account of the septic complications following operation. I believe that no fracture, compound or otherwise, should be operated upon with the use of either the plate, bone graft or any other internal appliance now in use for holding the fragments in place before seven to ten days have elapsed from the time of the injury, at the end of which period nature has had an opportunity to reorganize the tissues and fortify itself against the invasion of the poisonous germs which so often are present if from no other source than the skin as in all operative procedures. The only exceptions that I would make to this rule are: First, fractures in or about the joints where the early readjustment of fragments is important to prevent as far as possible the formation of callous, which so often interferes with the future free action of the joint, and, again, in cases where the soft parts, especially the blood vessels and nerves, are in danger of being injured by the pressure of displaced fragments. In such fractures we are justified in taking the added risk of infection caused by early operation.

The experiments which have been made on animals by the use of the application of foreign substances in bone surgery are not a true test of the usefulness and practicability of this form of treatment of fractures, as in such cases, we have not the lacerated and bruised tissues nor the hemorrhage with production of blood clots which we have in an ordinary fracture to deal with, necessarily, the results in these cases so far as septic conditions are concerned ought to be very much better.

If at the end of seven to ten days from the time of the fracture of a bone, open treatment is found to be necessary because of the inability to reduce the fracture, or, if reduced, to hold the fragments in proper relation to each other to give good allignment and functional results, one should use the greatest amount of care in cutting down upon the parts to produce as little injury to the soft tissues as is possible, and, after reduction, if the fragments will remain in their normal position, should avoid the use of any form of internal appliance, as the presence of all such appliances, if





Plates No. 1 and 2: A comparison of the metal plate with screws, &c., with the inlay bone-graft method of treating fractures.

of foreign material, militate against the formation of callous, and act to prevent or delay union, as wel! as to favor the production of septic conditions. In the treatment of recent fractures the use of the plate will give a larger percentage of good results than when used in the ununited fractures, where the ends of the fragments extending back at least an inch have become sclerosed, and as a result the osteogenetic elements have been lessened in their activity, and the bone cells are degenerated as well as lessened in number. This unnatural condition of the ends of the fragments together with the injurious effects of the foreign appliances used, act most unfavorably on the formation of bone callous, while if we use the inlay bone graft, using the twin saws to remove a section not less than six to eight inches in length, the longer portion of the graft being taken from the proximal fragment, which, when separated from its bed, should be slid down into the groove formed by the removal of the smaller graft from the distal fragment, bridging over the point of apposition of the fragments which have been reduced, we have an entirely healthy bony tissue covered by periosteum which in itself is capable of producing the osteogenetic elements necessary for the healing process without any of the detrimental influences present when the plates or screws, etc., are applied. We have in the use of the bone graft several of the important requirements which are fixation, stimulation of osteogenesis on the part of the fragments and an osteogenetic bridge connecting the active bone in each fragment back of the sclerosed areas. The bone graft is the only means of fulfilling these requirements which are all essential or necessary in order to secure union. The plate furnishes but one of these and that is fixation, and at the same time, it causes absorption and disintegration of the bone and favors sepsis, while the bone graft acts to prevent the invasion of the poisonous germs. The inter-medullary bone dowl gives good results and has possibly the one advantage of having a greater holding power, still I believe the inlay graft as used by Albee is superior in that one has the periosteum, solid bone tissue and medullary substance of the graft immediately in contact with the same elements in the fragments, which is not the case when the dowl is used, and again, in the ununited fracture, one is able to get well beyond the sclerosed bone in the fragments with the inlay graft





Case No. 3—Fig. 1 and 2: Pott's disease of the spine causing complete disability. Operation by the Albee method, splitting the spinous processes of seven vertebrae and inserting a graft from the crest of the tibia with complete relief of disability, patient resuming his regular occupation at the end of twelve weeks. This operation, I believe, gives a larger percentage of complete, permanent and satisfactory results than any other now being performed on the bony frame.

which is most important, but is quite impossible with the inter-medullary splint.

In the treatment of Pott's disease, which until the last two years has been most unsuccessful, we have at the present time, a treatment which seems to give promise, if properly applied of giving positive and permanent relief to this most disabling and unfortunate condition. The old expression, "The man without backbone is of but little use in the world," can be fully appreciated by those suffering from tuberculosis of the spinal column or Pott's disease. Patients suffering from this disease give us a picture that is most deplorable, and while the suffering experienced by them is not so great as in some other diseased conditions, nevertheless, there is probably no disability produced by disease of the bony frame which causes such marked feelings of helplessness and discouragement. Until the time of the development of the operations bearing the names of their originators, Albee and Hibbs, there was but little encouragement offered in the treatment of this dis-While the Hibbs operation has in many cases given good results, it hardly seems as practical and certain as the one performed by Dr. Albee, which consists of a splitting of the spinous processes of the diseased vertebrae as well as one or two of the spinous processes of the sound vertebrae above and below, and of the fracturing of the one-half of the split spinous processes, always on the same side, and inserting a bone graft taken from the crest of the tibia, pressing the graft well down into the gutter made as above referred to and holding it in place by suturing over it the ligamentous tissue immediately adjacent to the divided spinous process which This operation holds it firmly in place. gives anywhere from twelve to twenty points of apposition, according to the numiber of spinous processes split, between fresh and healthy bone surfaces, a most ideal condition for rapid and complete bony union, causing a perfect and permanent ankylosis of the vertebrae included in the operative field.

The immobilization of any part of the body affected by tuberculosis has been known to be one of the principal factors in bringing about a cure or at least a cessation in the progress of the disease for a great many years, still until the development of the above named operations, no means had been found by which such immobilization of the spinal column could be produced. To Hibbs and Albee is due

great credit for the origination of these plans of immobilization which give practically one hundred per cent. of cures, transforming these disabled and discouraged individuals into useful and desirable mem-



Plate No. 3: Some of the most important appliances devised by Albee used in connection with an electric motor in bone surgery,

bers of society, making it possible for them to again resume their ordinary occupation in life, and all of this without jeopardizing the patient's life or health, as these operations are not particularly dangerous except in so far as in all bone surgery the element of sepsis is concerned. The favorable results are noticed and expressed very frequently by the patients within a week from the time of operation when they seem to feel a certain relief from the support produced by the insertion of the splint, and in the majority of such patients, they are able to be about without any mechanical support within from eight to twelve week, with no return of symptoms of the disability experienced before the operation.

Arthroplasty—While we have reports of efforts having been made in the past to produce movable joints from those ankylosed we seem to have had no reports of any marked successes in this line, or at least in very few cases until within the last few years when Dr. John B. Murphy more than any other man has developed this particular operation to a point of perfection which has made it possible in a good percentage of

cases operated upon, to give movable, useful weight-bearing joints. Of the ankylosed joints we find three particular divisions-bony, cartilaginous and fibrous. Certain restrictions in joint motions may be produced by diseased and contracted peri-articular, ligamentous and capsular conditions, and we also may have extra articular interference of motion. main principle in this operation consists of an interposition between the separated and denuded bone ends which were ankylosed of some substance that will prevent bony union recurring. Many ent forms of foreign material have been used, but with failure on account of the disintegration or absorption of that which has been interposed between the denuded bone ends with the result of renewed ankylosis. The best substance to interpose between the joint forming bony surfaces which has been tried is the pedicled flap consisting of the fatty and capsular tissues from either one or both sides of the joint operated upon. Tissues from other portions of the body, especially the fascia-lata, have been resected and interposed between the denuded bones, but have been found less successful, especially in the weight-bearing joints. The general causes for most of the



failures have been insufficient or defective flaps, a failue in the porper removal of capsule and ligaments, the improper formation of the joint surfaces, interposition of flaps, infection and pain or sensitiveness



Case No. 4—Fig. 1 and 2: Showing the position of the limbs in relation to the body and each other. In the formation of the condyles of the femur and the fances on the head of the tibia, a slight variation could readily produce limbs that would not stand the test of the plumb line.

on motion after operation. It is hard to say which one of these elements is most important. With a failure in any one of the six named principal points, one is almost certain to have, if not complete failure with a returning ankylosis, at least a joint far from the normal and that may give greater disability and pain than existed before the operation. One who has undertaken this operation on a completely ankylosed knee joint and has found himself face to face with two large, flat, bony surfaces after chiseling apart the femur and tibia, there remaining no semblance of the original articular surfaces, certainly feels a great responsibiltiv when he undertakes with chisel and mallet the formation of surfaces on the ends of these two bones which must be almost exactly the counterpart of the natural surfaces, to give legs that will stand the test of the plumb line and joints with anything like free and smooth motion. To produce these requirements one must have the removal of the required amount of bone

to allow of the interposition of the flaps, which, if not sufficient, will produce pressure and necessarily a sloughing of the interposed tissues, and if too much will give a loose and flail-like, useless joint; the ever necessary intercondyloid ridge on the head of the tibia, with the proper formation of the intercondyloid notch on the end of the femur both of which are important, and must be accurate to prevent from side to side luxation; the proper formation of the flap or flaps and their interposition so as to cover every part of one of the raw bone surfaces and careful management of the ankylosed patella, which means the interposition of a flap between its raw surface and that of the femur, or the separatingofthevastus-internus and externus from the rectus muscle, some distance above the joint, as well as the freeing to some extent of the ligamentum patellae, making it possible to turn the patella upside down, bringing the smooth anterior surface in apposition with the denuded femur; all this to-



Case No. 4—Fig. 3: Shows the fllexion possible in the left knee, also scar due to a slough of the skin and adipose tissue of the lower portion of the U-shaped flap, which so often occurs in this particular flap in this operation.

gether with the ever existing danger of sepsis, makes to my mind one of the most trying operations that we have. Murphy

claims: First, that perfectly movable, normally functionating joints with sliding and rotary motions can and have been produced; second, a new synovial membrane is produced with fluid which resembles synovial fluid; third, these joints support full weight and traction; fourth, they are painless, once the process of repair is complete. These four conditions I am able to prove in one of my patients here to-day who suffered a metastatic arthritis of both knee joints with a resulting complete double ankylosis, and on whom I operated during 1913. You will see that she has movable, painless, weight-bearing joints. With a patient weighing 250 pounds one could have no better proof of the practicability of the arthroplastic operation than in this one before you.



Case No. 4—Fig. 4: Shows the flexion possible in right knee in which the lateral curved incisions were used with absence of scar from sloughing.

Figures 1, 2, 3 and 4 in Case No. 4 show the different positions made possible for the patient to assume following arthroplastic operations for relief of complete bony ankylosis of both knee joints which had existed for three years, during the most of which time the patient had remained in bed because of an inability to walk and on account of her weight with the ordinary assistance to readily change her position.

The joints were ankylosed in practically complete extension. On account of the injury produced by the forcible breaking of the ankylosis in the joints at two different times by an osteopath with the patient under an anaesthetic there was almost acomplete absence of the semblance of points. The femur of tibia, when chiseled apart at the time of operation, in both cases presented practically square surfaces, from which had to be formed parts resembling as nearly as possible the normal joint surfaces. Following the Murphy method, the ankylosed patellae were turned turtle. The pedicled flap method was used in these operations. This patient weighing 250 pounds is able to attend to her usual occupation, going about the streets alone doing her own shopping, &c., with no complaint as to pain or unusual fatigue.





Case No. 5—Fig. 1 and 2: Showing the ability to flex the joints following an arthroplastic operation for an ankylosis of both elbows which had existed for a period of four years, the joints having been ankylosed in complete extension, making it impossible for the patient to feed herself, dress her hair or upper part of body. The pedicled flaps were used in these operations.

Plate No. 4 below shows my device of appliances for the reformation of joint surfaces in arthroplastic operations for ankylosed hip joints which I believe are superior in that they are applicable to the various sizes of parts met with in these operations. These appliances are used with a motor.

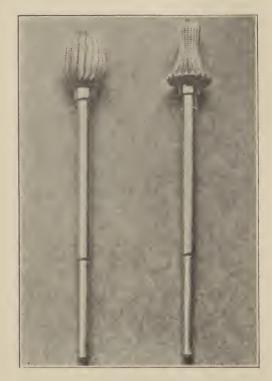


Plate No. 4.

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DISCUSSION.

Dr. John C. McCoy, Paterson: It seems to me that there is very little to say in the discussion of Dr. Sexsmith's paper. The results certainly demonstrate real true, honest surgery and the Medical Society of New Jersey ought to congratulate itself upon having one of its members show himself to be so competent and able to pursue scientific surgery in the man-

ner which the demonstration of patients made here by the doctor proves. I suggest that Dr. Sexsmith be allowed the time allotted for discussion in which to finish the reading of his

entire paper.

(The Society unanimously voted to allow Dr. Sexsmith to finish the reading of his paper, as it seemed eminently proper in view of the fact that part of the time he had occupied was taken in a practical demonstration of patients. (The doctor presented a number of patients and gave brief histories and the methods of his operative procedures.—Editor.)

EPILEPSY WITH SPECIAL REFERENCE TO HEREDITY.*

By David Fairchild Weeks, M. D.

Superintendent of The New Jersey State Village for Epileptics at Skillman.

There is no disputing the fact that the practice of collecting family histories by field workers has been the means of gathering valuable data and has added much to our knowledge of the influence of

heredity on epilepsy.

Soon after the admission of a patient to the Village the field worker visits him in his cottage and learns the names and addresses of relatives and friends who may be able to tell us something about his case; at the same time volunteering to take any message from the patient to the persons she visits. Armed with this and such other information as can be gleaned from the application papers and correspondence, the field worker visits the parents and other relatives in their homes. The family physician, minister, school teacher, neighbors and other interested persons are also interviewed for the purpose of securing an accurate account of the mental status, environment, diseases and causes of death, if dead, of as many relatives as possible. During this investigation all possible facts bearing on the physical and mental health of all the immediate family and their consorts are collected and recorded

The material gathered is written up, charted and filed with the case history. The written pedigree contains the source of information; a description of the patient, including housing conditions, home treatment, number in household (normal, defective, adults, children), financial condition, neighborhood, and education. The description of the individuals on the chart covers the social, mental and physical conditions of the social of t

dition of each.

The chart and history are indexed in such a manner as to include: (1) the names of individuals charted, reidence and trait; (2) matings, by type, number and condition of offsprings; (3) a cross index for name, locality and trait; (4) references by cities, homes, counties, States and foreign countries; (5) institutions represented on the chart; (6) diseases, defects, etc., by case number, all of which facilitates the location of defective strains and the tracing of families from one pedigree to another.

A "County Register" shows: (1) name; (2) date of birth; (3) date admitted to the village (if an inmate); (4) if applicant, date application was received at the village; (5) name and location of institutions that have cared for the case; (6) if at large, where, when known, why; (7) person chiefly interested or furnishing infor-

mation and remarks.

In addition to the foregoing a "Heredity Analysis" card is kept for each patient which shows at a glance the mental and physical condition of the patient, his brothers, sisters, parents and other relatives. While for the purpose of more intensive study the "Mating Card" brings all of the same type matings together and shows the pedigrees in which the mating occurs, the number of offspring and the mental condition of each.

The" County Register" shows the number of cases from each county and their care. At the close of January there were 531 in the Village; 311 in State and County Hospitals; 77 in other institutions; 111 in school; 27 excluded from school and

1167 at large.

Material.—At this writing the pedigrees of 742 epileptics have been collected by field workers and analyzed. They contain descriptions of 43,062 individuals, 17,085 of whom have been classified as follows: 1315 epileptics, 859 feeble-minded, 439 insane, 62 criminals, 1386 alcoholics, 122 admitted sex offenders, 403 migranious, 1228 neurotic with 3276 deaths before two years, and 1078 between two and fourteen years of age.

Whatever advance we have been able to make in our study of the influence of heredity in the transmission of epilepsy is due largely to the method of gathering our

material by field workers.

MENDELIAN METHOD OF ANALYSIS.

We have analyzed our data by the Mendelian Method, which assumes that the inheritance of any character is not from the

^{*}Read at the meeting of the Somerset County Medical Society, at Skillman, June 10, 1915.

parent, grand parents, etc., but from the germ plasm out of which every fraternity and its parents and other relatives have arisen.

Epilepsy in man is caused by the absence of some normality—as-to-epilepsy determiner in the germ plasm. It is therefore a recessive trait. Its presence and absence occur with a frequency determined by the laws governing fortuitous combinations and is predicted by calculating the possible combinations of two of the alternate gametes of the parents. Barring external disturbance of the germ plasm and somatic traumatism, stress and deterioration, its inheritance is as follows:

1. Two duplex, normals as to epilepsy, parents will produce 100% duplex, normals as to epilepsy, offspring. (NxN) x (N

xN)-4 N N or 100% N N.

2. One duplex, normal as to epilepsy, parent and one simplex, normal as to epilepsy, parent will produce 50% duplex, normal as to epilepsy and 50% simplex normal as to epilepsy, offspring. (NxN) x (NxE)—2 N N—2 N E or 50% N N and 50% N E.

3. One duplex, normal as to epilepsy, parent and one nulliplex epileptic parent will produce 100% simplex, normal as to epilepsy, offspring. (NxN) x (ExE)—

4 N E or 100% N E.

4. Two simplex, normal as to epilepsy, parents will produce 25% duplex, normal as to epilepsy, 50% simplex, normal as to epilepsy and 25% nulliplex, epileptic offspring. (NxE) x (NxE)—I N N—2 N E—1 E E or 25% N N, 50% N E and 25% E E.

5. One simplex, normal as to epilepsy, and one nulliplex epileptic will produce 50% simplex, normal as to epilepsy and 50% nulliplex epileptic offspring. (NxE) x (ExE)—2 N E—2 E E or 50% N E—

50% E E.

6. Two nulliplex epileptic parents will produce 100% nulliplex epileptic offspring. (ExE) x (ExE)—4 E E or 100% E E.

Normals.—Before proceeding to the discusion of special cases I shall say a word about the so-called "normal parents" who have epileptic children. The field worker not infrequently meets with the statement that there is no epilepsy in either family; a fall or some other cause being assigned for the epilepsy. Subsequent investigation discloses the fact that one of the grand parents, aunt, uncle or some other member of the family was "queer" or had "fainting spells" or "spasms," thus indicating

the fact that the parents of our patient car-

ry the epileptic taint.

Many case histories illustrate this point. The following is selected because of the seriousness with which the assigned cause that "something had passed across his brain" was given by the parents who stated that about Christmas time the boy while playing with pop corn put a piece up his nose which was not removed; no ill effects were noticed but near Easter he had a convulsion and during the summer the kernel of corn came out of his ear, which was conclusive proof to them that the lost kernel had gone up the boy's nose and across his brain on its way out his ear. The field worker learned that the maternal greatgrandmother, an epileptic had eight children, one of her daughters married into a family having a history of epilepsy, none of her children developed the disease. One of her daughters, our patient's mother, married an alcoholic whose pedigree shows insanity, feeble-mindedness and alcoholic sprees; they had three children, one apparently normal, one epileptic (our tient), and one died in infancy.

Assigned Cause.—In those cases where trauma is assigned as the cause of epilepsy there is always a question as to whether the trauma is not a result of the epilepsy, especially where the trauma is associated with a fall. A careful investigation of the family history in these cases usually shows

the presence of the epileptic taint.

Dejerine' states, ("Heredity plays an important role. The infants born of patients affected with different neuroses, because of an excessively susceptible nervous system, may easily be taken with convulsions. This predisposition in the subjects born of neuropathic ancestry has received the name of Spasmophilia. Fere)" and further that "Children born of alcoholics are predisposed not solely because the parents are alcoholic, but rather in a drunken state at the time of conception."

Oppenheim² states, "I have seen no small number of cases in which no other cause of affliction than neuropathic diathesis could be ascertained in which the individual, having until a certain time shown only symptoms of neurasthenia, hysteria or psychasthenia, under some unwholesome condition, such as a heavy psychic shock, were seized with epileptic convulsions."

Since the onset of the war Oppenheim^{*} has called attention to the increased number of epileptics admitted to the hospitals and the decided increase in the epileptic

phenomena in the cases personally observed by him and concludes, "It seems reasonable to believe that severe neuroses and organic disease of the nervous system may develop, as have been described foliowing lightning stroke through the mechanical impulse or explosion of a passing shell, without its coming in direct contact with the individual." He has also observed a number of Russians with epilepsy in whom the onset of the disease was observed after a severe fright, and quotes "Gowers" as saying "Certainly psychic irritation is an exciting cause of epilepsy. Important in this classification is fear."

3. Oppenheim "Zur Kriegs neurologie," Berliner Klin Wochenschr, 1914 Nr. 48.

4. Rebue de psychiatrie, De Neurolo-

gic, Experim en tale, March, 1913.

Pikhomirosf reports the case of a soldier, age 22, who after a normal shock developed a status epilepticus, in which he died. aMny other definite assigned causes apparently without a heredity base have been found to be merely the exciting cause

acting in a taintedgerm plasm.

In one case the epilepsy is said to have followed the administration of antitoxin for diphtheria which was assigned as the cause. The pedigree shows the mother to be migrainous and one of the father's relatives to have had epilepsy; one was feebleminded; one alcoholic; two insane; and four neurotic. In a second case where

TABLE I.—A STUDY OF THE HEREDITY OF FIFTEEN EPILEPTICS FOR WHOSE ATTACKS A DEFINITE CAUSE HAS BEEN GIVEN BY RELATIVES

								_											_				
	CAUSE OF EPILEPSY	AGE O	F !	PATIE			5	NU	M	ARY of HE	REDITY	of PAT	IENTS	PATIE			-			4.			
No	As GIVEN BY RELATIVES	EXCITING CAUSE		FATHER	FATHER !	10THER	Ε	F	LA.	TIVES of	JACLASSED	D' 144.4	TOTAL	MOTHER	MOTHER FATHER	'S Mother	E	F	I I	s of MOT	HER -	Die 14 00	TOTAL
7468	Alcoholism	45-50gm	Sayes.	A.sh		1	1			8 A.IM.	53	9	72	N						2 A.	8		10
7601	Antitoxin of dibth. soon after blow on head by a crane	35 yrs.	35gm.		d. Par.		1	1	2	IA 4 Ne	31	μ	144	М						[Ideformed	21		22
7334	Improper nutrition.	UP 1/2 yrs	Fz grs	V ^{aty} Egotist			2			INe.	30		33	M.			1	2		1 Ch	24	3	31
7452	Alcoholism	4830ys	30yrs	N.		d.Par				2a Par	10	3	15	М.						ld Par	10		-11
8458	Work our excessive blast furnace heat	25 yr	25 grs.	Phleg- matre.						Isuicide	17	17	20	ht tr							9		9
6693	Illness-scarlet fever, continued high fever	7 yrs	Tars	A.				3			16	1	20	F		d.Par.			Į	4A.	44	7	56
8169	Excessive Use Cigarelles	11 12 yrs	12grs	F			1			2A.25x	17	- 1	23	d.early							9		9
7225	Clubbed onhead when a boy, by peliceman.	iZyn few mos before Onsot	12 yrs	A	Α.	d. Par.				3 A.	17	1	21							IA	4.		5
7910	Thrown end bruised about head, run own who see	13grs. Iday Infore snort	13-95	A, sp.		I			2		10	1	13	PM.							15	1	16
8397	Eating green cranberrees	8 yrs.	8 yrs.	F.	A.	d.Par.				1A	29	-1	31	A.sx	F.A.	A.sx	1	6	1	9A2C3×	65	1	88
7996	Eating frankfurters and shock seeing Wilher dec.	7 412	7 yrs	I.A.sx.	Bad dis				1	1A.INe	9	5	1.7	M.	eccentr	c -		2	1		35		38
6102	Worry of quarrel with emissioner, or hours of pay	35 yrs	35 yrs	A.	-						6		6							IA.	10		11
413	Skull crushed by Welking beam on a boat	19 975	1955	I.P.	I		1		3		28	1	33	Ne.	dapohio	a.Par.				16x 3 P	46	3	53
6554	Antitoxim in diph.	14 grs	14 yrs	N.	Asb			1	1	1A.1sx	46	3	53	Ne. Ch.		I			1	1sx 2Ne	31	4	39
6361	Fright caused by large going ringing overhished	18 mos .	18 mos	M.	d.Par.	-					5	2	7	Ne hystrical		Ne				3 Ne	25	2	30

Remarks on Cases: Patient 7334 is of foreign parentage, has one F. brother; Patient 7452 is of foreign parentage, had convulsions at 4 years; Patient 8458 has one brother eccentric and phlegmatic, majority of relatives are out of State; Patient 6693 has 4 F. and one I. sisters and 3 F. nieces; Patient 7225 had foreign-born parents; Patient 7910 has E. and I. nephew, brother's child; Patient 8397 has one F. daughter; Patient 6102 has an E. sister, had two falls injuring his head before onset sometime, is foreign born; Patient 413 has a F. niece.

Explanations: A. means Alcoholic, A.sp.—Alcoholic sprees; C.—Criminal; d. Par.—died of Paralysis; E.—Epileptics; F.—Feeble-minded; I.—Insane; M.—Migrainous; N.—Normal;

Ne.—Neurotics; Sx.—Sex-offenders; Ch.—Chorea; ht. tr.—Heart Trouble.

^{1.} Dejerine Sem des aff du System Nerveux.

^{2.} Oppenheim (Lehrbuch) 1914.

antitoxin was the assigned cause, the father's relatives were feeble-minded, insane, alcoholic and sexually immoral; the mother's relatives were insane, neurotic and sexually immoral. (See table 1.)

EPILEPTOIDS.

In another class of case histories we find many taints that are found in the epileptic. While these individuals do not have the "convulsions" they do exhibit other epileptic tendencies and have spells which probably take the place of the convulsions such as periodic sprees, outbursts of unprovoked temper, spells of irritability or the patient becomes moody, melancholic seclusive, shows signs of excessive worry or is hyper-religious, etc. This class of cases form a very interesting group, especially to those interested in the special school classes.

The recurrent, uncontrollable, periodicity of these attacks should excite suspicion as to their relation to epilepsy. If the Binet-Simon Test is used these patients will respond to it very much as do the epileptics. Signs of failing mentality will be observed and the field worker's report will show in many cases the presence of the epileptic taint. While these people may not themselves have convulsions their offspring will if they mate with a person carrying the epileptic taint or a similar taint to theirs. These persons need advice in the selection of their mate, as the following pedigree illustrates: Nothing is known of the parents in the first generation, one of their children is known to have possessed a bad uncontrollable temper and to have committed murder; the third generation produced two cases of migraine, six alcoholics, one sex offender and two feeble-minded; the fourth generation produced six migraine, one alcoholic of the spree type, eight insane and one feeble-minded; the seventh generation produced three epileptics, two insane and three feeble-minded; of the seven children in the eighth generation one is epileptic, two are suicides. The defect in the germ plasm first showed as uncontrollable temper, then alcoholism, next periodic sprees and finally epilepsy.

Epileptic Matings.—The epileptic matings in our pedigrees have been made a

subject of special study.

There are in all 233 epileptics who married and had children. These marriages and the children are studied as 80 primary matings, that is, matings from which epileptic patients are born, and 153 secondary matings. The matings are classified ac-

cording to the condition of the consort, and show the epileptic mated to an individual classified as epileptic, feeble-minded, insane, alcoholic, sexually immoral, migrainous, neurotic, or otherwise tainted, tubercular, normal or showing no neurotic taint and unclassified.

The primary matings are the more valuable for study because the field worker is able to get better descriptions of the children, who are usually living, and can be seen or persons are easily found who can

describe them accurately.

In the *primary matings* there were 502 children, 112 or 22% of these were epileptics, 154 or 30.6% were epileptic or feebleminded; 77 or 33.3% were tainted; 147 or 29.2% did not grow up, which leaves less than one-third, 124, who grew up apparently normal. (See table II. next page.)

In the secondary matings the average age of the children is probably higher than from the primary matings, because usually these matings were found in the first and second generations; while the children in the primary matings are from the third generation. As a result of these, 153 matings there were 684 children. (See table III, next page.)

One hundred and forty-six or 21.3% show a gross defect such as epilepsy, feeble-mindedness or insanity; 87 or 12.7% are tainted, while 157 or 22.9% did not grow up, which leaves less than one-half (294), who grew up apparently normal.

ALCOHOLICS.

In reading our pedigrees one will be surprised with the number of alcoholics, of the spree type, found in the families of our epileptic patients. Excluding those alcoholics who exhibit a gross defect such as epilepsy, feeble-mindedness or insanity there are 1,384 alcoholics charted, among these are a large number of "periodic" drinkers. The alcoholic spree resembles epilepsy not only in the recurrent periodicity and loss of self-control, but in many cases the spree is preceded by a condition which closely resembles the epileptic aura. Friends can tell that a dipsomaniac is going off on a "spree" by his queer behavior, irritability, loss of self-control or some other change, just as it is often possible to tell when an epileptic is about to have a convulsion by his actions. The mind is often a blank as to what occurs during the spree just as it is after an epileptic convulsion.

A special study of the pedigrees of patients, who are descendant from alcoholics

TABLE II.—CHILDREN CLASSIFIED ACCORDING TO THEIR MENTAL AND NERVOUS CONDITION AND VITALITY AND CONDTION OF THE PARENTS.

SECONDARY MATINGS.

																							-
MATING	EX	E	EX	F	EX	T	EX	A	E	x sx	EXM	E	NE.	eth E X	ers	E	ጥ	E	X N	E X	-	TOT	AT.
No. of				3		5	_1	7			0			5				2	0	82		15	3
B	2	25%	10	14%	2	7%	7	8%				1	6%			1	3%	6	9%	25	7%	54	8%
F	1	12%	23	33%1	4	14%	13	15%						3	239	3	10%	5	7%	24	6%	76	11%
I			2	3%	1	3%	1	1%				4	25%					2	3%	6	2%	16	2%
TAINTED			4	5%	8	27%	12	14%	1	50%				3	239	3	10%	8	12%	48	13%	87	12%
N					7	24%	7	8%				1	6%	1	8%	3	10%	12	17%	23	6%	54	8%
D. INF.	3	37%	10	14%	1	3%	23	26%	1	50%		1	6%	1	8%	4	14%	12	17%	42	11%	98	14%
D. YG.			4	5%	4	14%	3	3%				5	31%					1	1%	12	3%	29	4%
OTHERS	1	12%	16	23%	2	7%	17	19%				4	25%	5	38%	îı	38%	20	29%	164	45%	240	35%
SB.MIS.	1	12%	1	2%			5	5%								4	14%	2	3%	17	5%	30	49
TOTAL				-	-			1		1							NAME OF						
CHILDRE		8	,	70		29	8	88		2	0	1	6	1	13	2	9	6	8	31	61	68	84

TABLE III.—CHILDREN CLASSIFIED ACCORDING TO THEIR MENTAL AND NERVOUS CONDITION AND VITALITY AND CONDITION OF THE PARENTS.

PRIMARY MATINGS.

	_				7			2-0	_				E X	her					-					
MATINGS	F. X	E	FX	F	LA.	Eχ	A	223	AR X	M	F. 7	NE	EX		E	K T	EX	181	P: X		TOT	AL		
No. of	2		10)	0	18		0	4		14	-	6			2	1	.8	•	3	80		23:	3
E	7	35%	23	36%		19	18%		6	27%	.18	26%	650	16%	2	12%	24	19%	7	16%	112	22%	166	14%
F	2	10%	24	37.	5%	8	7%				3	4%	2	5%			2	2%	1	2%	42	8%	118	10%
I TAINTED	6	30%				19	18%		2	9%	14	20%	10	27%	4	25%	19	15%	3	7%	77	13%	164	14%
N			:			10	9%		2	9%	5	7%	2	5%			20	16%	6	13%	45	9%	99	8%
D. INF.			9	14%		14	13%		4	18%	11	15%	1	2%			13	11%	18	40%	70	14%	168	14%
D. YG.			4	6%		7	7%		1	5%	5	7%	2	5%			10	8%			29	6%	58	5%
OTHERS	1	5%	4	6%		12	11%		5	22%	8	11%	12	32%	9	56%	18	15%	10	22%	79	16%	319	26%
Sb. MIS	4	20%				17	16%		2	9%	6	9%	2	5%	1	69	16	13%			48	10%	78	6%
TOTAL CHILDRE	W 2	20	6,	4		10	06		22	2	7	0		57	1	.6	12	22	4	5	50	2	11	36

of the spree type, show that when these alcoholic individuals mate with neurotic individuals their offspring are likely to be epileptics. (For the children of alcoholic parents, see table IV.)

MIGRAINES.

One of the most clearly defined periodic conditions next to alcoholic sprees met with in the histories is migraine, the recurrent, periodic, uncontrollable headache. In 190 pedigrees 403 cases occur. In 64 cases where both parents of a patient are tainted one or both are migrainous. (See table V.) CRIMINALS.

While the number of criminals recorded

in our histories is comparatively small, yet it is known that a large number of juvenile offenders are epileptics and were no allowance made for the fact that the patient had epilepsy at the time the crime was committed, the number of criminal records would be much larger.

Filed records at the Chicago Juvenile Court show 7½% of repeating juvenile offenders to be epileptics and others suspected. They are the most dangerous and incalculable criminals, pleasant one day, vicious the next, committing heinous crimes. The sexual instinct develops abnormally early and in a pronounced manner. Judge

TABLE IV.—CHILDREN OF ALCOHOLIC PARENTS CLASSIFIED BY EPILEPTIC CONDITIONS, VITALITY AND CONDITION OF PARENTS.

Type of mating	Number o	of Matings		Children										
	Primary	Secondary	Epileptic	Died before 14	All others	Total								
1. A X E	18	16	26	67	101	194								
2. A X F	9	12	16	29	88	133								
3. A X I	10	10	13	31	63	107								
4. A X M	0	0	0	0	0	0								
5. A X A	14	9	19	58	80	157								
6. A X Ne	45	10	56	96	188	340								
7. A X Other* taints	12	8	15	45	66	126								
8. A X P	5	6	8	25	57	90								
9. A X S	2	0	2	1	1	4								
O. A X T	10	13	12	28	72	112								
1. A X **	70	34	109	302	832	1243								
Total	195	118	276	682	1548	2506								

The total number of matings is 313 (195-118). Of their 2,506 children, 276 were epileptic, or 18% (17.8) of all who grew up (1,548).

*Bad temper, shiftlessness, sex offense and eccentricity. **Normal or unclassified - not known to be tainted. Died before 14 years, includes still-births and miscarriages.

TABLE V.—CHILDREN OF MIGRAINOUS PARENTS CLASSIFIED BY EPILEPTIC CONDITIONS, VITALITY AND CONDITION OF PARENTS.

Type of Mating	Number	of Matings		Children											
	Primary	Secondary	Epileptic	Died before 14	All others	Total									
1.M X E	4	-	6	7	9	22									
2.M X F	4	-	5	19	9	33									
3.M X I	2	2	3	4	9	16									
4.M X A	51	21	57	78	227	342									
5.M X M	3	4	7	12	32	51									
6.M X Ne	16	2	19	33	59	1111									
7.M X Other* taints	4	3	- 7	4	30	41									
8.M X P or ** M X ap	4	1	4	2	30	36									
9.M X S	2	0 .	2	5	4	11									
10.M X T	3	2	4	4	11	19									
11.M X***	43	39	52	119	317	488									
Total	116	74	146	287	737	1170									

The total number of matings is 190 (116-74). Of their 1,170 children, 146 were epileptic, 20% (19.8) of all who grew up (737). Died before 14 years, includes still-births and mis-

*Bad temper, shiftlessness, sex offense and eccentricity. **Apoplexy. ***Normal or un-

classified-not known to be tainted.

Merritt W. Pickney, of this court, once wrote me, in part: "After four years service in the Juvenile Court I can advise you from bitter experience as to the great evil to society and civilization in the failure by the authorities of the State and Nation to restrain and excerise custodial care over the epileptics." Their offspring frequently show criminalistic tendencies as is illustrated in the following pedigree:

A male epileptic with many commitments to jail and the penitentiary, a heavy drinker, petty thief and abuser of his family, is married to a woman of high temper by whom he has had seven children. The oldest one has a record of petty larceny; the second, a girl, has been under arrest for incorrigibility; the fifth has an ugly temper and is now an inmate of the State Home for Boys at Jamesburg for incorrigibility and theft; while another boy shows a tendency to steal.

High and Low Grade—A study of the pedigrees of an equal number of high and low grade cases selected at random, none

of the low grade cases ranking higher mentality than a three and one-half year old child, while all the high grade cases had a mentality above twelve years as determined by the Binet-Simon test, disclosed the fact that in the high grade epileptics there was no history of feeble-mindedness, while it was present in many of the low grade case histories, indicating that there is more feeble-mindedness in the strains from which epileptic idiots came and that the feeble-mindedness and epilepsy are inherited as separate factors. The average age of onset for the high grade patients was 10.8 years and for the low grade 2.3 years.

Environment—Environment has little or no effect on epilepsy. 17% of our patients came from bad; 57% from fair and 26% from good homes. Homes were classified bad when they were dirty and disorderly and lacked ordinary comforts, food not in proper quantity or quality; fair where, although in poor neighborhood, efforts were made to make conditions as good as possible, food fair in quantity and

TABLE VI.—ALL INDIVIDUALS CHARTED ACCORDING TO THEIR CLASSIFICATION.

MENTAL OR			PERCENT Of those		PERCENT ALLI	momar o
PHYSICAL CONDITION	NUMBER	TOTALS	CLASSIFIED	TOTALS	ALL_	TOTALS
1. EPILEPTIC 2. FEEBLE-MINDED 3. INSANE 4. CRIMINALISTIC 5. ALCOHOLIC 6. SEX-OFFENDERS 7. MIGRAINOUS	1315 859 439 62 1384 122 403		7.69 4.96 2.58 36 8.10 .70 2.37		3.05 1.97 1.03 .14 3.23 .27	
8. NEUROTIC or						
otherwise tainte	1228 355		7.18		2.86	
TOTAL		6167		36.02	-	14.32
10. GONNORHEA and SYPHILIS 11. BLIND and DEAF 12. TUBERCULOSIS	52 158 1633		.31 .94 9.55		.12 .37 3.78	
TOTAL		1843		10.80	-	4 - 27
13. DIED IN INFANCY 14. DIED YOUNG 15. MISCARRIAGES	3276 1078		19.17 6.30		7.64 2.47	
and STILLBIRTH	5 701		4.11		1.63	
TOTAL		5055		29.58		11.74
16. NORMAL	4020		23.52		9.33	
TOTAL		4020		23.52		9.33
TOTAL CLASSIFIED UNCLASSIFIED		17085 25977 43062		99.99		39.66 60.32 99.98
730 PEDIGREES						33.30

quality; good where ordinary comforts were enjoyed, food good and plentiful.

After Care — In addition to gathering histories the field worker does after care work in looking up discharged cases and reporting conditions found and encouraging the patient to re-enter or at least get in touch with the institution. In only four of (171) discharged cases has there been any improvement since leaving the Village; ten hold positions but live at home for the most part supported and cared for by the relatives or friends; one is confined at home in a padded cell and many are applicants for re-admission.

CONCLUSIONS.

All the available facts point toward the conclusion that the various types of epileptics seen in institutions lack some elements necessary for complete mental development.

The history of all the patients shows that epilepsy is more often inherited from distant relatives than directly from parents.

More than five times as many epileptics as feeble-minded persons come from matings of neurotic or otherwise tainted individuals indicating that these conditions are more closely related to epilepsy than to feeble-mindedness.

Normal parents that have epileptic offspring usually show gross nervous defect in their close relatives.

The proportion of epileptic children in epileptic strains is increasing in successive generations probably due to the greater density of the existing defect in the strains studied.

The germ plasm of reported normal parents of epileptics is in reality simplex (normal as to epilepsy) more complete data will show the epileptic taint in their ancestors.

There are more defective children in those fraternities whose parents are alcoholics than where alcohol is not a factor.

INSTITUTIONAL CARE OF EPI-LEPTICS*

By Dr. Daniel S. Renner.

Assistant Physician, The New Jersey State Village for Epileptics at Skillman.

The epileptic is affected with a chronic disease which makes him a menace to society; for this reason, if for no other, I

*Read at the meeting of the Somerset County Medical Society, at Skillman, June 10, 1915.

think it is universally agreed that he should be cared for in an institution. We believe that he can be partially self-supporting and that he is entitled to all the enjoyment possible in the necessarily restricted life, and to that end we work.

In this disease, more than any other, a careful study of each patient must be made. No two cases are exactly alike, for instance, one patient may start to run during a seizure. He will run blindly and injure himself against any object or fall from a step. This patient must be caught to prevent injuring himself or someone else; another may start in a like manner but will not injure himself. If caught, he becomes violent and would require several men to hold him, and if not interfered with will in a short time resume whatever he was doing before the seizure.

As a class, the epileptic is of a fault-finding, dissatisfied nature, cunning, suspicious, egotistical and is at times a hero worshipper. These things must be kept in mind in the care and classification of them.

Our first effort is to try to make the patient understand his condition. He usually comes to us believing that he will be cured after a short residence in the Village, of from three to twelve months. His family and friends have told him this out of false kindness or ignorance.

Upon admission we attempt to classify the patient with others of his mentality, being careful not to place him amongst those brighter than he. It is a lesser shock to the patient to move him into a higher grade than a lower one. If he is of sufficient mentality he is instructed that the cottage is to be his home, and that the house attendant is the head of the cottage or family. The low grade patient will follow the others who have previously been trained. It is surprising how these patients who, when at home, did absolutely nothing for themselves, will go with the crowd.

He is next given a careful physical examination. There is usually little to be done. The males have had one or two decompression operations and been circumcized; the females have had one or two laparotomy operations. We usually find that the mouth and teeth have been neglected. These are put into proper shape as soon as possible and instructions are given to keep them properly cleaned.

They are gradually taught that they must assist in the care of each other, and that when a fellow patient has a convulsion an attendant must be notified as soon as possible, but that no patient should be left alone. Many of our patients upon admission had never seen an epileptic attack and for this reason had no idea of their own condition. During this time a mental examination has been made and the patient carefully observed in order to select some

suitable employment for him.

If below four years, Binet-Simon test, he is placed in the sense training class; if a mental age of four plus, under sixteen and has not had eighth grade work at school, we enter him on our school roll. Above sixteen years, we have learned that it is useless to attempt the English branches, but it may be that he is suitable for music, manual training, basketry, rugmaking, weaving, or something requiring special training. If so, he is scheduled to that department. About one-tenth of our people have some musical ability which is developed, for it is both a recreation for the individual and a great pleasure to the others

We know that some form of employment is essential to the welfare of an epileptic, if it be only going out and walking behind a wagon pulled by someone else. Great care in selecting employment must be used. We are sure to meet with opposition from the patient. He has been taught that he should do nothing for fear of injuring himself during a convulsion, or has been allowed to do just as he pleased without regard to the fitness of the occupation.

One patient may have sufficient warning of an oncoming attack to stop his work and seek a place of comparative safety. This patient can be assigned to the more delicate vocations, like type-setting, etc.; another may be of equal mentality, but have no warning of his seizure. Necessarily this means that employment must be such that he can be more guarded in his falls, and the damage done to the work reduced to a minimum. Should these two men desire to learn to blow a horn the first would be encouraged to do so, while the second could not because of the danger of injury to himself during a fall, and the damage which would surely result to the horn.

No epileptic can be driven and we must try to make him think that he is doing what he wants to and that a change would not be beneficial. Here we meet a great difficulty. He is notoriously a fault-finder, but sometimes takes a violent dislike to a task or person for no reason whatever. On the other hand he may come to us with complaints or objections to some work, but if changed begs to be allowed to have his old job back. The only way to make the decision is to know the patient.

Next they must have their recreation. This, like their work, must be routine. The shock to an epileptic of a pleasant surprise is almost as detrimental as that of a disappointment. Certain evenings should be established for entertainment. I believe that the gramophone and motion picture machines are a greater boon to the institution inmate than to any class of people. They should have at least thirty minutes rest before meals and not less than eight hours' sleep. Better results are oftener obtained by a break in their regular occupation with an hour's recreation. It is often possible to accomplish this by an hour in the embroidery class for some laundry worker, or a period in the singing class for a worker of the shoe shop.

We find that if a patient becomes interested in any occupation, whether it be work or pleasure, we must concentrate his efforts on this, for it aids in preventing the mental deterioration which is sure to come, and it will be retained after other things are forgotten. We have inmates who take no interest whatever, in their surroundings; who will knot cord for hours; others will polish a door knob; another, who was greatly interested in baseball, is now completely demented, but will sit quietly and watch a nine-inning game.

All grades have an established routine for sleep, recreation, employment, meals, etc. The low grade patients should be put to bed earlier than the high grades. Their convulsions are more frequent, and they need more careful watching. They are best cared for in large dormitories. Their sleep is necessarily interrupted, for they must be gotten up and taken to the toilet at least twice during the night. Even the brightest patients should be in rooms of not less than three.

They are great eaters and their diet must be ample with the large meal at noon. Constipation is a constant complaint of the epileptic. This, of course, is best treated by diet, but it is frequently necessary to cleanse the alimentary tract by a brisk purge.

CARE OF THE ORDINARY CONVULSION.

Usually the single convulsion and sometimes a series of three or four convulsions do no apparent damage. On the other hand, the first convulsion may be a warning of a series or status which will exhaust the patient. This patient must be put to

bed at once and a large dose of bromides and sometimes chloral hydrate given by mouth if possible, and eliminative measures strated at once by means of high enemas. If the patient cannot swallow, wash the lower bowel carefully and then give bromides and chloral per rectum.

As soon as the convulsion is controlled, give a calomel purge. The patient should then be let alone and watched carefully for signs of exhaustion or pulmonary edema.

Status Epilepticus requires immediate attention, and the convulsion must be arrested at once. Sometimes a high colou lavage will do this. Frequently chloroform or ether to complete narcosis over a prolonged period is required; after the convulsion is arrested, our eliminative measures must be caried on.

In both series and status hypodermics of hyoscine or morphine are sometimes very

beneficial.

The maniacle conditions of epilepsy are best treated by the eliminative measures. Here the continuous bath is sometimes beneficial, both for its eliminative and soothing effect, often the patients look upon it as a means of punishment rather than a therapeutic measure, but repeated treatments soon dispell this thought.

The greatest danger to the epileptic following a series or status is oedema. This must be watched for and at the first indication of same atropin should be given until the physiological effect is produced. If the condition increases, sometimes good results can be produced by standing the patient on his head, draining him out as it were.

The heart's action must be watched and at the first signs of failure some of the alkaloids or fat free tr. of digitalis given. In some cases strychnine or nitrogly cerin

are beneficial.

For the first twenty-four hours after a series or status the diet should be liquid, gradually resuming the regular diet.

White and Jelleff state that "Stopping the engine by means of a brake without shutting off the steam is exactly analagous to trying to stop epilepsy with sedatives." Now by our high enemas and purgatives we attempt to shut off the steam or impulse that started the convulsion. The engineer can draw his fire and know that the steam will not be generated. We do not !mow where our fire box is and we have a leaky valve, so the impulse will be reproduced in the future, and until we find the cause of this we must treat the conditions symptomatically.

PALINPHRASIA IN EPILEPSY WITH A REPORT OF CASES.*

By L. F. Robinson, M. D.,

Assistant Physician, New Jersey State Village for Epileptics at Skillman.

The disturbance of speech found in conditions like psuedo-bulbar palsy, dementia praecox and epilepsy, in which the individual repeats two or more times in succession the same word or phrase, comprises the subject matter of this paper. A repetition in the language of both normal and neuropathic individuals is by no means uncom-The tendency that normal persons have to repeat over and over the same word or phrase in times of emotion is frequently observed. Public speakers often pick up the last word uttered and repeat it for emphasis. Stutterers find it difficult to discharge the voluntary impulse which they choose for verbal expression.

Palinphrasia has been the term chosen to express the pathological repetition in speech. Palinphrasia is a stereotypy of language and is analogous to the stereotypy of movement and position. It is a motor phenomenon in which the "voluntary impulse once set in motion tends to repeat itself in the same way indefinitely." (White). Its classification in contrast to the aphasias is anarthric, and as the muscles of speech function are innervated from both hemispheres, any causative lesion

must be bilateral in type.

According to some authoritics there is a marked difference in the character of the repetition observed in various mental conditions. Dupre describes the type found in psuedo-bulbar palsy as being a variety of repetition in which the iteration and reiteration progressively accelerates while the intensity of the enunciation decreases, until at the end the words are so rapidly expelled that they become indistinct. In addition to this there is a character of irresistibility, but consciousness of action on the part of the patient remains.

In dementia praecox there is an interposition of words or phrases which will break up the monotony of the repetition and is not so much an echolalia of the last word pronounced. Here also is observed a theatrical tone which is more or less peculiar of some psychopathic conditions. In both epilepsy and dementia praecox, in

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contrast to the psuedo-bulbar conditions, the character of automatism and uncon-

sciousness of action is observed.

Palinphrasia as found in epilepsy displays this automatic and unconscious symptom even more than that in dementia praecox. In the dementia praecox there is a tendency for a senseless verbigeration while in epilepsy this is not the rule. The same tendency to repeat is more or less constant in the writing and the same characteristics observed in the speech are present. This description of the stereotypy of speech found in epilepsy is so characteristic that Trenel is bold enough to assert that when present it is sufficient to warrant a diagnosis even in the absence of an anamnesis of epilepsy.

In a summary, we have in psuedo-bulbar cases, a characteristic of irresistibility but a consciousness of a speech defect together with a repetition "in cascade." In the dementia praecox on the other hand, the unconsciousness and automatism of action is predominant, together with a breaking up of the continuity of the repetition with an intercalation of meaningless words or phrases. In the epileptic, while he possesses a type of repetition of which he is not aware, he, contrary to that observed in dementia praecox, does not as a rule utter meaningless words or phrases. It is his manner of expressing himself.

We have at Skillman 545 patients and this speech defect has been observed so far, in the following five cases. Four of the cases are typical, while the other resembles the variety found in dementia praecox. Some of the cases show the disturbance more marked than others. All show an increased tendency to repeat while speaking of those things that especially interest them. The convulsions have shown no tendency to influence their conditions.

Case of J. E., No. 624.

White epileptic imbecile, male, 28 years of age. The patient is the son of a feeble-minded mother and an alcoholic father who is said to have stuttered very badly. Of four children in patient's fraternity one stutters, a second is migrainous and the third and fourth feeble-minded. There is a history of epilepsy since the patient was ten years of age. Since his admission to the Village, thirteen years ago, he has shown gradual mental deterioration and manifested more or less palinphrasic symptoms. He does not stutter or talk particularly fast. The neurological and physical examinations are

negative. The following is an example of his speech defect.

Q. "Have you a toothache?"

A. "Yes, sir, I can feel it right in therefeel it right in there. All day through I got a hole there now; I can feel it there; its right in the gum— I can feel it there—I can feel it there—feel it right in the gum—I can feel it. The dentist can tell you—I have felt it there—something is there—something in there—rammed in there—its awfully sore—its awfully sore place—I can feel it and its all sore and I rubbed it—I rubbed it and its no way—no way like it was this morning."

O. "How old are you?" A. "Twenty-six, I think, born in 1887, 4th of April. I

got the piles—there—there—there."
Q. "Are you married?" A. "No—no—

no—I ain't married, no—no—no."

Q. "Why aren't you married?" A. "Well here's the idea, the regular epileptic scared me. Its a bone I think, a regular bone—a regular bone—I can feel it—its sore—I can feel it, I know its there."

Copy of letter sent home by patient:

Dear Mother—I write yous to yous today, a buteefull letter to let yous no that I-I had, I veary bad sickness all over me mite had 3 spells all over my braine and also my stumack and also frome my braine to head. I had a veary bad spell that day, also I came neare dine that day—I bleading to— I would like to have a good—I had a veary bad bleading spell that time, came neare dining I hade a good Bige Tooth takeing outh that Day time. Butefull off Bludee I hade my new watch broke that day also I came neare dining But I had a good Doctor Weeks also some off theme are hear in this village for the sickness. Mother I write today Bute it is poring rinning, raining. I will write to you next week howes Brothers Thos. Dan and Willie geating along. Please excuse this letter this Day because I hade a cameneare di ing that for that sickness I don't no what it was for I will let you all know that I am getting along good for to let youall know I will like to you all home. Please write to me also this village. Please Brother Thos, also Mary also Norma. I will write to yous next week but a a good lat better this is Today I will sende to Norman and Mamie Seamaning also to Thosmas Erickson. South Amboy, N. J. Norman Seeinaning. Pearth Amboy, N. J.

To Mother 100. Lander good kinde

kisses xxxxxxxxxx

Case of J. W. No. 2990.

White, epileptic imbecile, female, 39 years of age, born in Sweden of Swedish parents. This patient's speech defect has only been observed recently. There is no tendency to stutter, however, the patient speaks fairly rapidly. She inherited her speaks fairly rapidly. She inherited from the maternal side of the house her epilepsy, which is essential in type and was excited by dentition. The physical and neurological examinations are negative. Since first noticed, a few months ago, she has shown palinphrasio symptoms each time she had been examined. Being of foreign birth she does not understand or speak English very well. The following is an example of the repetition:

Q. "Are you well?" A. "Yes, you see—

you see-I am."

Q. "What is the matter with your toe?" A. "I don't know-I don't know, what is the trouble—I don't know what is the trouble."

Q. "Are you sleeping well?" A. "I am sleeping well—I am sleeping well—at

at nights-well at nights."

Q. "Who dressed yor toe?" A. "Fixing my feet—fixing my feet—something something."

Q. "Who fixed your feet?" A. "Mrs. Mc-

Q. "How old are you?" A. "Thirty—thirty—thirty-nine this year thirty-nine this year—yes—yes—yes."

O. Are you married?" A. "No, no, no." Q. "Why aren't you married?" A. "I don't care—I don't care—I don't care for—care for anybody—no no."

Q. "How long have you been here?" A. I don't know—I know how many years seven years—seven years—about seven years."

Q. "What month did you come here?" A. "The 20th of May—20th of May—yes, yes."

Q. "What year did you come here?" A.

"1900—1900—1900."

O. "Asked to repeated Methodist Episcopal." A. I don't know what it is-I don't know-know-know."

Case of J. C. No. 7541.

Colored, epilepic imbecile, male, 48 years of age. This patient is the son of an epileptic mother and has had epileptic convulsions since puberty. He has stuttered since he first began to talk. The tendency to repeat words and phrases over and over is very marked in this patient. Possibly this is due to his stuttering. The physical and neurological examinations reveal nothing of interest. The following are examples of his speech defect:

Q. (Pointing to picture on the wall, which patient often pretends is his wife or

Q. "When did you get married?" A. "I ain't married at all-I was going to-I

Q. "Do you like to see it rain?" A. "I like to see chapel; I was going to go to it—

going to it."

Q. "Do you like that girl?" (same picture on wall). A. "That's my wife—I have for a sister—a sister—for a sister too. My

four sisters—my four sisters, too."
Q. "Do you sleep well?" A. "I sleep well—I do clean bed

too."

Q. "How old are you?" A. "I was born in 1863—I was born in 1863—in New Years—in years 1863—In New Years—1863—born in time of war 1863—in time of war—I was born in 1863—I am 57 too."

Case of I. B. No. 8624.

Patient is single, white, epileptic imbecile female 17 years old, who is undergoing rapid mental deterioration. Especially marked on the paternal side of the house are insanity, alcoholism, feeble-mindedness and epilepsy in her heredity. She has a brother who is an epileptic. Her epilepsy developed at six years after an attack of German measles. Her palinphrasia has been observed since her admission to the Village on January 20th, 1915. Different from the other patients, her repetition of words and phrases is more of a senseless type. When interrogated she may utter any number of meaningless words or phases. We are unable to say if before her present state of deterioration the character of her repetition was typical or not. The following is an example of her speech defect:

Q. "How old are you?" A. "Five years

old—I am going on six."

Q. "What is your brother's name?" A. "This ones here-Mrs. Bigelow-going on five-going on six-all those things."

Q. "Did you sleep well?" A."I said what—I did—I did so—I did."
Q. "What did you say?" A. "My things-my things-I know-I know she did—it was so—it was—yes, it was going on."

Q. "What do you mean?" A. "To the blacks—to the blacks—blacks—

Q. "What did you say?" A. "I said— I said—I said—said—said—sa——"

Q. "Do you want to go to bed?" A. "What do you want—I said— I said—I am going on seven—eight—nine—ten—eleven—twelve."

Case of A. S. No. 8594.

White female, epileptic imbecile, age 17 years. Patient's father and paternal grandfather were alcoholic. The mother is apparently normal. She has had convulsions since six years of age. Since that time there has been a gradual increase in the number of seizures together with a slow mental deterioration. As a rule after having a series she is more or less disturbed, frequently becoming maniacal.

The speech defect in this patient has been a prominent symptom for several years. The Binet-Simon test shows her mental age to be 9.4 years. The neurological and physical examinations revealed nothing of interest. The following is an example of

her speech defect:

Q. "What is your age?" A. "Well, I am—when October 5th comes—I'll be 16—I'll be 16 years old."

O. "Where is your grandmother?" A. "My grandmother is in 506 Jersey street."
O. "Is your grandmother dead?" A.

"No—no—she is living—she is living too."

Q. "Why do you want to go home?" A.
"To see my friend—G. B.—My friend."

O. "What do you intend to do with this friend?" A. "If I live to—if I live to—when I go—when I go—if I live to be twenty—I'll to him be married."

Q. "What is your reason to marry?" A. "So I could—could have to—so I could have too—have a home—him and me."

Q. "Maybe he would not marry you." A. "He would want to marry me too—marry

me too-sure too."

The preceding cases suggest the following conclusions: First, that palinphrasia is occasionally encountered in epilepsy and that the character of the repetition is peculiar to this condition. Secondly, that while its presence might strengthen a doubtful diagnosis its relative infrequent occurrence diminishes its importance as a diagnostic sign.

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If every person would be half as good as he expects his neighbor to be, what a heaven this world would be.

DIFFICULTIES ATTENDING TREAT-MENT OF FRACTURES IN THE EPILEPTIC*

By Henry M. Chandler, M. D.,

Assistant Physician, The New Jersey State Village for Epileptics at Skillman.

When I was asked to take part in this meeting and read a paper to you, I was at my wit's end trying to treat a fracture of the humerus. Two days later another one of my patients fell in a petit mal convulsion and sustained a compound fracture of the lower end of the humerus. It was then, with these two patients in mind, I decided that instead of a paper I would present to you a few of my fracture cases, together with a short history of the treatment of each, and you can then judge how difficult it is to get anything like a favorable result in these cases.

Before presenting these patients I would like to say a word about the care and supervision required to guard the epileptic from accidents and serious injuries. We employ a large number of attendants, but this is necessary owing to the fact that our patients are constantly falling and would frequently receive serious injuries if attendants were not always on hand. Patients are not allowed to climb up on chairs, ladders, roofs, or other high places. Neither can they work about the kitchen range or the furnace. They are not permitted to drive mowing machines or other vehicles. In the laundry, where they work near the mangle and other machinery, attendants are constantly with them.

In these and many other ways we try to the best of our ability to prevent accidents, and from the small number of fractures that have occurred since I have been in this institution I feel that our efforts are amply repaid. In the past two and a half years, amongst five hundred patients there have been only 14 fractures. I have not compared these figures with any other epileptic institution, but to me they seem remarkably small, when we consider that these patients are constantly falling.

Case No. 1. W. M., white, male, age 72

This patient is deaf and dumb and can neither read nor write. He has twelve to fifteen seizures per month. On April 22nd,

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1915, he had a petit mal convulsion while going downstairs. No one saw him fall but the attendant heard him and found him at the bottom of the stairs lying on his left side, with the left arm under him. I saw him ten miutes after the fall and found that he had a compound fracture of the lower end of the humerus. While examining the arm, he had a grand mal convulsion which tore and mangled the tissues and caused considerable hemorrhage. was at once put under chloroform to reduce the fracture. Before he was completely anesthetized he stopped breathing and it was with some difficulty that he was resuscitated. I then had to set the arm without an anesthetic and put it up in the extended position with long anterior and posterior splints. The same day he had another grand mal which loosened the bandages and so much displaced the splints that

they had to be reapplied. It was impossible to keep this patient quiet or in bed and, being deaf and dumb, he could neither understand what we wanted to tell him nor could he make known his own wants. At the end of the third day I let him get up as it was a constant fight to try and keep him in bed. The fifth day I took him to the dispensary and made a skiagram of the arm. This showed (as you can see) a T fracture with the condyles not only cracked but separated and the shaft of the humerus wedged between them. The patient was then put under an anesthetic and the arm put up at a right angle with internal angular splint and external coaptation. The dressing had to be changed daily as the wound had become infected and on two occasions the patient had grand mal attacks with the splints off, breaking up what little union there was. During May he had eight convulsions, each time requiring reapplication of the splints. On one of these occasions I changed the splints to a metal anterior angular, which splint I am still using.

The fracture is seven weeks old to-day and there is fairly good union, althouh he has a gun-stock deformity and almost complete ankylosis of the elbow joint.

Case No 2, J. H., white, male, 43 years

This patient has six to ten convulsions per month. On April 1st, 1915, he fell from a standing position to the floor of the cottage, striking on his elbow. I saw him about five minutes later and found a transverse fracture of the middle third of the humerus just below the insertion of the deltoid. He was immediately given an anesthetic and the arm put up on internal angular and external coaptation splint. Twelve hours later the patient had a petit mal convulsion which made a reapplication of the splints necessary. He had a convulsion on April 3d, 8th, 21st and 22nd, each time causing such misplacement of the frag-ments that it required resetting. I kept him in bed one week and then made a skiagram which showed the fracture with the bones in good apposition. This case showed very little tendency to form callus and at the end of six weeks there was only a soft fibrous union. It is now ten weeks since the fracture occurred and he has fairly good union, as this second skiagram shows taken two weeks ago.

Case No. 3, G. W., white, male, 51 years

patient has about twenty-five seizures per month. On October 5th, 1914, the patient fell down the piazza steps in a grand mal convulsion and fractured the right clavicle. He was seen a few minutes after and a Sayre dressing was applied and patient put to bed. He is of very low mentallity and it was impossible to keep him quiet. He removed the dressing two or three times a day and having convulsions almost daily the fragments were never in apposition more than a few hours at a time. The skin became so sore from the adhesive that after ten days I simply applied a Velpeau bandage and kept reapplying this for two months. union now but considerable overlapping.

Case No. 4, L. B., white, male, age 30 years.

The patient has sixteen to twenty seizures per month. On March 17th, 1915, this patient fell on the boardwalk in a petit mal convulsion and fractured the proximal phalanx of the ring finger of the right hand. This was an oblique fracture with considerable shortening. The whole hand was immobilized and extension put on the finger. This patient is also of low mentallity and frequently removed the splints. He got into a number of fights and used the splint as a weapon to hit other patients. For this reason and from frequent falls during convulsions it was necessary to reapply the splint almost daily, and no continuous extension could be kept up. At the end of two months the bone finally united with some shortening as this plate shows.

From these few cases you can get some idea of the difficulty we have in treating

fractures in the epileptic.

WHAT DENTISTRY MEANS TO THE EPILEPTIC.*

By Roy D. Ribble, D. D. S.,

Formerly Dentist at the N. J. State Village for Epileptics, Skillman.

As dentistry is a comparatively young profession, the great mass of people have no knowledge of the supreme importance of a hygenic oral cavity and its relation to the rest of the organism. The average layman does not realize that in decayed teeth and suppurating roots he has a constant and grave menace to his health, and that every mouthful of food swallowed is mixed with decayed organic matter and countless numbers of bacteria. If he had a suppurating wound on any part of the body he would not care to swallow the exudate, but that is what he is doing any number of times each day. Is it any wonder that he gets run down in health, consults a physician, who in all probability prescribes a tonic, without even looking at his mouth to find the cause of the trouble.

The day is past when the patient thinks that every aching tooth should be extracted, he is beginning to realize how very important each tooth is, and that if it is lost another tooth has to take up its work, and like any other organ, is worn out before its time

The Dental Department of the New Jersey State Village for Epileptics was organized about four years ago by its present superintendent, who was among the first to realize the necessity of a resident dentist in connection with a State institution, and he has been very much interested in seeing the working out of what was a comparatively new field for dentistry. The experimental period is past, the plan met with such good success, the results were so striking and satisfactory, that resident dentists have since been employed by many other institutions.

When the department was first organized there was only sufficient equipment to do the simplest kind of operations, but new instruments and equipment have been added from time to time, making it possible to do every operation necessary in the practice of dentistry.

Immediately after admission each patient is subjected to a thorough examination of his oral cavity, and a record is made of the

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condition of the mouth, missing teeth, previous dental attention, whether or not he uses a tooth brush, structure and shape of the teeth and palate, and condition of the guns. As soon as possible after the first examination, the teeth are cleaned, decayed roots removed and the mouth put in a hygienic condition.

Only 10% of the patients admitted have had any previous dental attention, and 40% have never used a tooth brush and do not know the first principals of oral prophylaxis. These patients are furnished with a tooth brush, and by actual demonstration are shown how not only to brush the teeth, but how to clean them. As the United States contains only enough dentists to give 10% of the national population dental attention, how much better off are these unfortunate people when every one receives direct and personal attention. The chances are ten to one that if these people were living in their own homes they would receive no dental attention, and the condition of their mouths would go on from bad to worse, until the teeth were all lost. they would be unfortunate in two respects, the one in having epilepsy, the other in not having any teeth, which is a great deal worse than most people imagine. Artificial teeth give from 1/6 to 1/10 the service of the natural teeth, the stomach therefore has to take up the work of grinding the food, and with this extra burden wears out before its proper time. With this idea in mind, every effort is made to save each and every tooth, and extraction is used only as a last resort.

The dental work of the institution is not limited to the insertion of fillings and the extraction of teeth, but the newer and broader work that has fallen upon the dentist, such as the treatment of the different kinds of stomatitis, fractures of the mandible pyorrhea alveolaris, the replantation of teeth, inlays, orthodontia, artificial plates and crown and bridge work.

The troubles of the dentist are somewhat increased in treating the epileptic, who often does not understand that something is being done for him, but thinks only of the discomfort to which he is being subjected, and therefore will try in every way possible to cause annoyance, which makes it very hard to do good work.

Quite frequently a patient will have a convulsion while being operated upon, and when the rubber dam is in place it makes a very awkward situation, for it requires great haste to get it out before the jaws become locked.

One of the idiosyncrasies of the epileptic, especially among the medium and low grade patients, is the loss of sensation in the dental pulp. I have removed the nerves of a great many teeth without the aid of any anesthetic, the patient showing no sign of pain. When asked about it afterwards, he will always say that he felt nothing, which indicates that epilepsy must have some atrophic effect on the sensory nerve terminals in the dental pulp, whereby it loses the power of conveying ordinary sensory impulses.

The epileptic is in need of a great deal more dental attention than the average healthy person, for he is constantly falling, and very often the face and teeth receive the full force of the fall, so that the teeth are always being broken and knocked out. Where possible, the teeth that are knocked out are replanted, while the broken ones

are crowned by artificial means.

My paper has been somewhat broad and general, but if I have made clear the important place that dentistry occupies, not only to the afflicted, but also the unafflicted as well, I will have accomplished my purpose.

In closing, I wish to quote a little article that I saw in one of the leading dental

journals some time ago.

Without good teeth there cannot be thor-

ough mastication.

Without thorough mastication there cannot be perfect *digestion*.

Without perfect digestion there cannot

be proper assimilation.

Without proper assimilation there cannot be *nutrition*.

Without nutrition there cannot be health.

Without health, what is *life?*

Hence the paramount importance of proper care of the teeth.

WHAT THE FIELD WORKER DOES AND WHAT SHE FINDS.*

By Mrs. D. L. F. Brown.

Field Worker of The New Jersey State Village for Epileptics at Skillman.

Here in New Jersey field work is no longer a new institution, and most physicians

have received calls from workers at the Village or from some other State hospital. We seldom have to explain now where the institution is located and that we have not come to inquire about the financial standing of our family. Generally accepted as we are, I do not, however believe that it is well understood just what our purpose is. The field worker's duties are really threefold. She is first a student of eugenics and heredity, second an investigator and third a social worker. Often though the order of her duties seems to be reversed.

As students of eugenics we obtain the heredity history of the patient at the institution—seeking information from all possible sources. This means asking questions of and listening to stories from and visiting with people who know or have known those in whom we are interested, relatives, friends, physicians, etc.; but all the time keeping in mind the purpose—to know more of those traits which may improve or impair the strength of future generations—in our case that we may know more of epilepsy.

If the first duty and purpose is eugenics, the second is euthenics. The two cannot be well separated. The field worker starts with the patient's home and his life before he entered the Village. She learns how he lived, where he lived and with whom he lived, what he did and how he was treated. This is done that the physician at the institution may have a complete pic-

ture

She can do none of these things unless she has the confidence of a family, and this brings us to the third duty, namely, social service. She must answer questions as well as ask them, and lead the family to understand that the institution is used for the good of the State and that the co-operation of the family is sought that the Villiage may be a means of service to them and to the country.

As a social worker the field worker has many opportunities to brighten the lives of her families. She is able to gladden the heart of many a worried mother with news of her boy or girl. Whether it is good news or bad news it is the truth she brings them. She really knows the child. Few of us know what it means to put our only son or daughter, brother or sister, husband or wife away in a place where we have no friend and where we cannot afford to go maybe oftener than once a year and maybe not at all. The field worker must be that friend and that is what we try to be even

^{*}Read before the Somerset County Medical Society at Skillman, June 10, 1915.

though we may sometimes appear very much like a cold-hearted investigator. It is as friends and not as investigators that we get our best information, and any field worker who forgets this is bound to be a

Sometimes the family fears that what they say will be used for the detriment of the patient, or that the story will not be treated confidentially. No doubt our work suffers a great deal because of this lack of confidence. The people do not understand that all they give us is treated in the most confidential manner. Generally though the family does have confidence and it is surprising how willing most of them are to help us and co-operate by giving information for our histories. The first mother I called on was so glad to see me that I was almost too surprised to tell her why I came to ask her questions. But they are not all like

One father, I remember, was working in the garden and he would not come up to see me. I had only found him after searching in five different towns and that morning had driven five or six miles to his home. I had to go down to the lot, sit on a fence rail and ask my questions while he was hoeing. Another man shut the door in my face with a bang but he soon opened it again to see if I had gone. I had not and took advantage of my opportunity to walk in. We shook hands when I left. This man's children had been taken away from him by the Society for Prevention of Cruelty to Children. Every field worker has experiences like these but they are exceptional. Now that we visit the family soon after the patient arrives we have little difficulty in finding relatives of some of them. At first so many had moved away or died that it was hard sometimes to find any one who could answer questions.

We have now on file 771 histories with hereditary charts. These cover 782 epileptics who have been, are, or expect to be patients. We have gone into all kinds of homes to get these histories. Miserable and dirty homes where you wonder how human beings can exist. Once I found a mother living in what had been built for a hen house and the flies were so thick that I could hardly open my mouth without catching them. Some of the houses are hardly as good as hen houses. And then again we go to good comfortable homes where the people work hard and live healthy lives and other homes are more than comfortable; they are luxurious.

There is no one kind of environment or type of home from which our epileptics come.

The histories are almost as varied as the homes. (240 or 31% are incomplete because the relatives are either in Europe or because they know little or nothing about the families). It is really amazing how little some people know about their relatives. girl whom I recall has no relatives of whom she knows, except her epileptic sister who is a patient here and her insane mother who is in the county hospital. There are a few histories (about 16) that are fairly complete which shows no taint, the rest (515 or 66.7%) show some taint. Of the 531 whose histories are well worked up. (I might add here that no histories are ever considered complete, and they are all likely to be worked on again at some future time)'. Of these 531, 280 (52.7%) give a history of some epileptic relative and 33 others have epileptic children or nephews and neices. In 83 histories one parent is epileptic. Besides epilepsy in our histories, we find instability and nervousness (36.8%) feeble-mindedness in 32%; some insanity 27% (this includes senile cases) and a great deal of alcoholism, about 50%.* Instability and a tendency to periodicity, and to go to extremes, these seem to me to be the two things that characterize our families. Some of the relatives work periodically, some drink periodically, and some are periodically religious.

I want to tell you about a few of our cases that you may know better what we are finding. There is case 5243. This is probably just one branch of a big family in New Jersey that carries the epileptic taint. There were seven children, A, B, C, D, E, F. G. Most of the descendants of A went West and we only know of them none are epileptics. B has thirty-two descendants. They are mostly splendid people. having married a cousin, a descendent of C, had a feeble-minded daughter and an epileptic son. C had III descendants, all fine people, but one an epileptic. (Two if we count the cousin marriage). Two others are feeble-minded and one insane. D went West and I know nothing about her descendants. E has eighty-two descendants, one

is epileptic. F went West.

G was probably feeble-minded. He was surely alcoholic and would go on terrible sprees, had delirium tremens, and his peo-

^{*}These per cents are based on the total number of histories.

ple were afraid of him. He had in all 330 descendants, to times as many as B, three times as many as C and four times as many as his brother E. Two of his sons were alcoholic, all were lazy and one was an epi-These epileptic attacks came on when he drank too much. He could work, that is, he knew how and had a good trade, but never did work. He married a good woman who worked hard to support her children. She died when her thirteenth Then he married anchild was born. other woman who was a hard worker. Of the epileptic's children seven grew up, and four turned out criminals. Not one of the five boys ever supported There are three nieces of this epileptic man now living in little shacks in the woods on the outskirts of a town that prides itself on its healthy surroundings. When a member of the Board of Health was asked why they were not forced to move, he said it was better to have them outside the town than in it. One of these nieces is usually drunk. She deserted a good husband to live in a little hut with a drunkard. The hut is about 6 by 10 feet, made of tin and lined with post tostie boxes. One of her children is an epileptic. The second niece is epileptic, has a different husband nearly every year. Lives in a tin shack in the woods with two of her sons. Periodically, however, she goes to the city to work. To her credit it may be said that she is always very neat and keeps her shack clean. By a first cousin she had two children, one an epileptic that died, and a daughter who has never lived with her mother and who might be classed as normal. She, however, is the mother of our patient, an idiot, and all of her children are backward, at least three years behind in school, in spite of the fact that they have always had a good home and good care. By another man this epileptic niece had II children. All those that are living now are feeble-minded and very lazy like their uncle. The third neice has had several children, and they are feeble-minded. They have been taken away from her because of the poor care she gives them. This old epileptic man, three of whose nieces have just been described, has a nephew, an eccentric, pious old man, who has periodic headaches when he suffers terribly. This nephew has an epileptic grandson and an epileptic daughter. In all, G, the alcoholic, had seven or possibly eight epileptic descendants, twenty-seven that were feebleminded, and as many more that are alcoho-

lic, or otherwise described as no good. Such is the history of the ancestors of our patient, 5243, whose mother declared that there was not an epileptic, feeble-minded, alcoholic person in the family. I can forgive the mother for disowning her family, but I wish she had had the right spirit and helped us in the case.

Somewhat different is the history of our patient, 6473. In the present generation of this family, we find epilepsy, in the others we find alcoholic sprees, and pediodic sickheadaches. There were five brothers, A was a murderer, one of his sons was feebleminded. The second brother B had a feeble-minded daughter, three migrainous grandchildren and an epileptic great grandchild. C had an insane son, two insane grandchildren and an insane great grandson. Because of a cousin marriage, B's epileptic great grandchild was also C's epileptic great grandchild. D's children were alcoholic. E had two migrainous children, two alcoholic. Three of his grandchilren were insane, two were migrainous and one was alcoholic. Of his great grandchildren, three were epileptic and four alcoholic, and one migrainous. Thus I might go on describing several other familes, but these two, though among the largest histories, are typical of the conditions which we find.

Sometimes we find that parents are re-There are seven cases where patients have brothers or sisters here in the Village. In one case a mother and her three children are here, the husband is usually in jail. In two cases the patients have an uncle or aunt here. In 15 cases they have or have had cousins in the Village or some other relative. These are ones that we know of, others we suspect. There are many that are related by marriage, because the same name occurs so often on our index; we believe that in time we may be able to show that certain strains are responsible for a large number of the epileptics in the State. A superintendent from another State thought that the number of our patients who were related was smallhe had found a larger percentage in his institution. If all epileptics were cared for at the Village the number would be much higher—for we often find epileptic relatives who are or have been in two hospitals for the insane.

Among other things our charts show us, is the fact that epileptic children of epileptic parents generally develop epilepsy earlier than the parents, show an earlier deterioration and the attacks may or may

not be the same in form, and epileptics that are feeble-minded from birth have feebleminded ancestors.

Thus, though we do many things, our chief purpose is to obtain a hereditary history which we chart and tabulate for future reference in the study of epilepsy. We are always glad to hear of epileptics and whenever we are in a town are glad to visit families where there are epileptics, if we can be of any service.

ADDRESS OF THE PRESIDENT OF THE MORRIS COUNTY MEDI-CAL SOCIETY.*

Frederick E. Knowles, M. D., Boonton, N. J.

The privilege of having occupied this chair during the past year impels me to express my gratitude to you for having had such well attended meetings during that. time. We are especially indebted to our honorable secretary, Dr. Kice, for the success of these meetings; we are also greatly indebted to the Board of Governors of the State Hospital at Morris Plains, and to Dr. Evans particularly, for their and his extremely generous hospitality and great kindness to our county society during the year. I take pleasure in hereby conveying to them our deepest appreciation for their liberal interest in our behalf, our pleasure derived therefrom has been great and we feel that in bestowing their hospitality upon us they have done so with the pure motive of strengthening the interest in our county society, and out of respect for our profession at large, and at the same time bringing the practitioners of medicine in closer touch with their own work. So, I wish to thank them all in the name of our society for their efforts in our behalf.

I desire most earnestly to draw your attention to our county medical society as regards its being an essential unit of the State Society and the A. M. A. We, as members of a county society, derive immense benefits from the other societies and it is decidedly to the interest of any physician to be identified with all these societies; it is also to the interest of these same societies to have a membership as large as possible. The county society is the only recruiting station for members of these component societies. Hence, it behooves us

as a county society to strengthen ourselves by selecting available material, as new members, with which to support our State Society and the A. M. A. It is our duty to increase our membership whenever pos-

I believe it is this desire to strengthen all our component societies which has brought us to the point of changing our constitution so that the number of men available for membership will be increased. The society is to be complimented upon the efforts made thus far, and, I trust that this meeting will see the adoption of the new constitution.

All physicians licensed by the State Board of Medical Examiners — provided they do not practice a dogma—ought to be eligible to membership in our society. It is true that a wide breach has existed heretofore between physicians of different schools of practice; it is equally true that at no time has the breach been narrower than at the present. This is due to the development of exact and scientific methods of treatment, which have not developed from the older materia medicas upon which we differed but which are the products of scientific research of modern times and have resulted in giving us all so many standardized methods of treatment, along specific lines, which in the light of modern ideas it is every physician's duty to apply to his cases. Serum therapy, vaccine therapy, and the whole field of surgery, are examples of how the two schools have been compelled to converge.

I take this opportunity to draw your attention to the fact that the year 1916 is the centennial year of this society, which was organized in 1816, and should be recognized by some interesting meeting during the next year. We realize under what enormous disadvantages those early members must have labored in their work as physicians and surgeons. Let us, therefore, honor them next year for the debt of gratitude which we owe them, in conjunction with our obligations to all the efforts for the advancement of scientific medicine within the per-

iod of the life of this society.

As we all know the average length of life of human being has been lengthened over ten years and the prevalence of preventable and communicable disease has been enormously reduced. Stagnation was the state of medicine when the 19th century opened, it was only three years before, that Jenner had demonstrated the protective efficacy of vaccination. The humoral pathology of bile, blood and phlegm had

^{*}Delivered at the annual meeting of the Morris Councy Medical Society, September 14, 1915.

not yet lost its hold on men's convictions. The medical writers of a century ago who were most revered, were those who busied themselves with the naming and classifying of diseases. To label a disease was high art, to cure it something that providence

might or might not allow.

But the 19th century was not out of its second decade when signs of an awakening from this lethargy began to appear. Gross anatomy became better known, physicists, chemists and botanists assisted the awakening. Histology sprang into existence as the result of improvements in the compound microscope and medication was rendered more acceptable by the isolation of the active principles of drugs. Up to within the memory of men who are now living "peritonitis" tortured its victims to death. Experimental methods of study gradually came into vogue, especially in physiological chemistry. The historic experiments of Beaumont of the U.S. Army, on Alexis St. Martin, who had developed a gastric fistula, will rank among the early experimental studies of digestion. The work of Claude Bernard, notably on the functions of the nervous system, soon followed. In the year 1816, the French physician, Laennec, published the account of his work in the application of auscultation and percussion to the diagnosis of thoracic disease. The clinical thermometer came into general use in the middle of the century as an instrument of precision. The discovery of anæsthesia, the laying of the foundation for aseptic surgery by Lister were most import-

The work of the immortal chemist Pasteur, the development of bacteriology, the discovery of the bacillus tuberculosis by Koch, the labors of Manson, Laveran, and more recently of Darling in tropical diseases and morbific parasites, and the work of Metchnikof are examples of the valuable contributions to medicine during recent decades.

The immense industry of our surgeons and laboratory investigators of the present day is familar to us all. The greatest change of all perhaps, and one which will be of immense public benefit, is the wonderful work of the Council on Medical Education of the A. M. A. Their efforts of the past ten years for improving medical education have resulted in reducing the number of medical colleges from 162 to 95—41 per cent, decrease. The total number of medical students in this country in 1904 was 28,000, in 1915 the number was

14,890, a decrease of 47 per cent. The total number of graduates in 1915 was 3,500 or 38 per cent. less than in 1904. These figures are of peculiar interest and show clearly with what efficiency the council on medical education has performed its duty during that time.

How do these historic medical facts affect us as practitioners of medicine? They have resulted in placing upon us greater responsibility for our patients' welfare; we as practitioners have to assume more serious obligations in treating disease than the earlier members of our profession; a physician of to-day has to bear in mind many things when bringing our modern armamentarium to bear upon disease. He is expected to utilize any of the recognized aids in diagnosis and in treatment. It is to the family physician that the patient first applies for the relief of illness. The physician must be prepared to analyze his own ability to treat the case, he must be prepared to segregate with honesty those needing special treatment and he is expected to be able to direct them to the right specialist at the right time.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular October meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Friday evening, the 12th, at 8.30 o'clock.

Four new applications for membership were received and referred to the Board of Censors.

The scientific program was opened by Dr. William E. Parke, of Philadelphia, who read a paper on the "Treatment of Inoperable Cancer of the Cervix."

Dr. Parke branded as being ineffective the various internal medicines, vaccines, toxins, pastes and a multitude of other methods which are sometimes used to "cure" cancer of the cervix, and said that the total destruction of the cancer tissue is the only possible way to obtain the desired results. Of course, early diagnosis and complete excision with the knife is best, but the trouble is that the condition which usually starts as a nodule and could be readily excised, is not discovered until late, when it is almost useless to resort to this method. Pain, unfortunately, is not an early sypmtom, If it were, many more cases would be permanently cured. Those which go up and well into the "pain period" usually present a bleeding, sloughing mass at the cervix and the treatment can be little more than palliative and consists of scraping away the sloughing tissue and cauterizing.

The X-ray is an important means of treating some few cases. The objection to the X-ray, however, is that while it inhibits and destroys some cancer cells, it at the same time

tends to have a deleterious effect upon other and healthy cells. Radium also is a very valuable means of treating cancer, but is not practical because of its enormous cost. Parke then referred particularly to heat as the most satisfactory method of treating inoperable cancer of the cervix. He said that certain definite degrees of heat destroys cancer cells but does not destroy the adjacent normal cells. This heat is applied in the form of a cautery, and it has been found that in amputating the cervix with the cautery this heat is destructive to latent cancer cells even though they be far distant. Of course, the result depends entirely on the density of the mass, the degree of heat used, the pressure of the cautery or heating iron and the site of entrance of the iron.

The technique of the operation as described by Dr. Parke is as follows: Open the abdomen and explore the liver and adjacent organs for evidence of metastasis. Proper vessels are ligated and a double oophorectomy is done to prevent future functional trouble. The ab-domen is closed without drainage. Now in regards to the iron and the operation proper; the apparatus should be electrically heated and constructed so that the temperature can be easily regulated. It is a "cold cautery" and in applying it to the cervix there is little or no smoke. It is held in the mass for 20 minutes or more and is heated up to 115 degrees F. A water-cooled speculum is used to protect the vagina. Later a slough comes away through the vaginal outlet. The claim for this operation is that the cancer cells are destroyed while normal cells are not in any way injured. applies only to cases inoperable by the knife. The results so far reported justifies a trial.

Dr. Parke then cited several case records.

The second number on the program was a paper entitled "Thermo-thcrapy as an Eliminant," by Dr. Byron F. Price, of New York

Dr. Price spoke particularly of the "Oven Bath," and suggested it as an adjunct to other methods which may be employed. The oven is simple in construction, being lined with asbestos throughout, gas heated and easily regulated. It is necessary to have the patient in the recumbent position during the whole treatment, hence a table which can be easily rolled into the oven must be at hand. A bath tub is the next requisite, and after the oven bath the table is wheeled out and the patient gently lowered into the tub of water. He is then placed on the massage table and receives gentle massage before being taken to his room. The oven temperature is gradually brought up to 500 degrees F. This is dry air heat. The patient is allowed to remain one-half to one hour when the pulse at the temple is full, regular, soft and elastic and the face is flushed. The tub water is 105 to 109 degrees F. and while the patient is in the tub, cold compresses are constantly applied to the head and the temperature of the water is gradually lowered about 5 degrees F. After this he is placed on the massage table, dried, massaged and wheeled to bed where he is kept absolutely quiet.

This treatment produces profound beneficial effect on the glandular structures and on reflex stimulation. It produces tissue drainage, improves nerve tone and stimulates nutrition. It reduces edema and ascietes, every organ and tissue being drained; also the excreta is very much increased. It is particularly beneficial in handling diabetic and uremic cases where the urine may be taken as a guide.

Dr. Price pointed out that the method was not intended to be substitute for other routine treatment of these conditions but as an aid to

these agents.

The papers of Drs. Parke and Price were discussed by Drs. Stewart, Stern, Darnall, Harley, Price and Hirsch.

BERGEN COUNTY.

Fred S. Hallett, M. D., Reporter.

The Bergen County Medical Society resumed its monthly meetings September 14th at the Union League Club, Hackensack. Dr. Frank Freeland, president, occupied the chair, twenty members being present.

The death of Dr. Simeon John Zabriskie, of Westwood, was reported. The chairman appointed Dr. St. John to draft suitable resolutions, copies to be sent to the Journal and the family of the deceased.

Dr. Peter H. Fagone, Hackensack, was elected to membership.

Scientific program: Dr. A. P. Hasking, assistant county physician of Hudson County, gave a very interesting talk on "Illuminating Gas Poisoning.

The meeting adjourned after a social ses-

OCTOBER MEETING

The Bergen County Medical Society held its annual meeting at the Union League Club, Hackensack, October 12th, 1915. Dr. Frank Freeland, president, occupied the chair; about

30 members were present. Officers elected: President, Dr. James B. Edwards, Leonia; vice-president, Dr. Jos. Payne, Midland Park; secretary, Dr. Samuel T. Hubbard, Hackensack; treasurer, Dr. Edgar K. Conrad, Hackensack; reporter, Dr. Frederick S. Hallett, Hackensack.

Annual delegates: Drs. J. Finley Bell, Engle-

wood; M. J. Sullivan, Englewood.

There being no scientific program, buffet lunch and social session was enjoyed.

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The annual meeting of the Cumberland County Medical Society was held at the Commercial Hotel, Bridgeton, N. J., October 6th. Dr. Irving E. Charlesworth was elected president; C. M. Gray, vice-president; H. Garrett Miller, secretary; W. L. Cornwell, treasurer; E. S. Corson, reporter.

Resolutions respecting the death of Dr. J. W. Wade were passed. Dr. L. F. Hatch, of

Vineland, was elected a member.

Mr. Charles P. Towns, of New York, addressed the society on the "Drug Habit and Its Cure." He discussed his relation to the antinarcotic movement for fifteen years; the New York law, the Federal law, the relation of the doctors to the drug takers and their care; his own special method; methods which catered to the patients and filched them of their money without hope of permanent cure. 'The speaker suggested that he hoped to give the audi-

ence a "mental kick." He succeeded in so doing. He was cordially received. It would be well for every society to invite him to be present and discuss the subject as only an ex-

pert can do.

Dr. Ben C. Gile, of Philadelphia, presented a paper on the "Indictment of the Tonsil." This paper was a classic and evinced a great deal of originality in handling the subject. said all tonsils demand careful examination. Those showing evidence of systemic or local disturbance should be removed. The soft, ragged tonsil is more likely to be a disease breeder than the hard, large tonsil. Apparently healthy tonsils may have a nidus of pus back of them which may be exposed by milking the tonsils. The taking of the blood pressure is a good routine measure in tonsilar involvement. Variations from normal indicate systemic involvement. The urine should be examined for Brights' disease. The meeting The meeting expressed their appreciation of the paper very strongly. Drs. Hunter and Duffield, of the Gloucester County Society were present.

The next meeting will be held January 4th at the Commercial Hotel, Bridgeton.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society held its regular annual meeting in Newark, Tuesday evening, October 5, 1915. This venerable society reaches this year its centennial, being just 100 years old, and, we believe, is one of the five New Jersey county societies which are the oldest county societies in the United States. This will be, therefore, a signal year in the career of our county society; any plans for its

celebration will be forthcoming later.

The meeting was called to order by Dr. Carl E. Sutphen, president. The minutes of the last annual meeting and subsequent scientific and business meetings were read by the secretary, Dr. Ralph H. Hunt. Dr. R. H. Rogers rendered his treasurer's report showing receipts for the year, \$2,010.50; expenditures, \$2,036.93; balance on hand, \$92.15. The dues for 1916 will be \$4. He himself suggested that, in view of the amounts handled by the treasurer, the society might like to require a bond. This was referred to the council for consideration and action. An auditing committee was named by the president-Drs. Newton, Tarbell and Morrison-who later in the meeting reported the books and accounts found correct and in good order, and recommended that interest from the bank should be exacted considering the amounts deposited, also that a certified public accountant annually audit the books, to lighten the work and responsibility of the treasurer. A report of the committee on "Care and Treatment of the Insane and Feeble-minded," Dr. F. C. Horsford, chairman, which had been rendered at a former meeting was read, reporting the accomplishment of transportation of patients for the Overbrook asylum on the requisition of anyone of the physicians committing the patient, also that the commission appointed by the Governor of New Jersey to modify the present laws on commitment of the the insane were soon to convene and the committee, if continued, would follow their action and, perhaps,

submit their suggestions. The Committee on Public Health Education, Dr. Armin Fischer, chairman; Dr. Rose C. Faughnan, secretary; reported a year of activity and successful effort in reaching audiences of laymen for medical lectures by speakers chosen by the committee, audiences being the regular membership of lay organizations, workingmen, teachers, clubs, etc. There were ten such lectures as follows: By Dr. Gregory Passover, to the Workingmen's Circle on "Occupational Diseases" with stereopticon views; by Dr. Maria M. Vinton to the Women's Aid Association on "Child Hygiene"; by Dr. Ira S. Wile to the Public School Principals' Association on "Shall Scx Hygiene Be Taught in the Public Schools"; by Dr. S. Adolphus Knopf to the Workingmen's Circle on the "Workingman's Duty in the Fight Against Tuberculosis"; by Dr. Armin Fischer to the Hungarian Benevolent Association on "Tuberculosis"; by Dr. Louis Lichtscheim to the Labor Lyceum on the "Influence of Medical Science on Economic and Social Progress"; by Dr. A. A. Brill to a public audience on the "Cause and Prevention of Mental Defects in Children and Adults"; by Dr. F. W. Pinneo to the Men's Club and another to a boy's club on "Sex Hygiene,"; and another to the Y. W. C. A. on "First Aid to the Sick and Injured." The lecture by Dr. Ira S. Wile, of the New York Board of Health before a combined audience of the public school principals and the county medical society, was particularly noteworthy in being an admirable and stirring presentation of the perplexing subject of "Teaching Sex Hygiene" and was timely in view of the agitation of this question by both educators and physicians; these must share responsibility for true knowledge or ignorance of the youth in these matters. The Program Committee, Dr. E. M. Sprague, chairman, reported five scientific meetings of the county society during the year, as follows: By Dr. J. Clifton Edgar on "Twilight Sleep"; by Prof. Frank H. Summer on "Law and the Doctor"; by Dr. M. G. Schlapp on "Care of the Mentally Unfit"; by Prof. James T. Walsh on the "Meaning of Cures in the History of Medicine"; by Prof. Ira S. Wile, as mentioned above, by the Committee on Public Health Education. Another excellent report read was by the Milk Committee, Dr. Henry L. Coit, chairman, on the "Market Milk Problem in Cities," which was reported in full in this Journal, June, 1915. The committee on nicrology, Dr. George R. Kent. chairman, reported a minute on the death of Dr. Edward Gaudineer, of Orange, March 27, 1915. The Committee on Tuberculosis, Dr. T. W. Corwin, chairman, made a lengthy report on the status of the struggle against tuberculosis in the county. The statistics quoted revealing some interesting things, for example, that the mortality from tuberculosis has decreased faster than the general death rate. The work of associations and institutions for tuberculosis has progressed satisfactorily, even though the amount of work yet to be done is appalling and the amount of effort, notably and chiefly by the medical profession and the social service workers, needs continued prodding to maintain the greatest efficiency. The Legislative Committee, Dr. Wells P. Eagleton, chairman, reported that certain bills, having the nature of the

usual attacks on the health of the public, had been introduced at Trenton, one being for license to practice by a body of men calling themselves "drugless physicians," another being an attack on the medical inspection in The committee recommends some systematic method for all the county societies in the State being promptly advised from Trenton of any legislation suggested affecting medical interests. This is an improvement on the present method of such information coming only from the State Society's committee and insures wider information and greater interest in all the counties. An amendment had been introduced in the Legislature to facilitate physicians not licensed appearing before the State Board of Medical Examiners and showing their good intentions, and to bar certain hindering technicalities. The arrangements made a year ago wth the New Jersey Association for the Supression of Vice and Imposture had been utilized for the prosecution of illegal practitioners. He cited 28 cases which had come before them and had been investigated, most of them resulting in less infriction of the law than is generally thought. The inference upon this point must be either that the cases of illegitimate practice are much less frequent than formally or else that cases known to exist are not reported to the committee. A new and admirable suggestion from the Newark Board of Health for co-operation on legislation is reported below. The minutes of the meetings of the council and of the society during the year were read and approved. The transactions of these meetings have been reported in the Journal monthly through the year. The president, Dr. Carl E. Sutphen, then delivered his presidential address as follows: "The County Medical Society as a Benefit to its Members and the Community at Large," in which he gave expression to the purposes which have manifestly actuated his leadership of the society through the past year, and which have resulted, among other things, in good reports from all standing committees at every county society meeting, in an increase of membership, reaching 25% of the total in this one year, and in solicitation of membership to every unaffiliated legal practitioner in the county. The address gave expression to the conviction that the county society has not fulfilled its purpose that is not continually active and awake to this opportunity for bettering its individual members and improving the status of medicine as a profession in the eye of the public.

Under miscellaneous business Dr. Underwood suggested that one of our oldest mcmbers, and one time president of this society who for many months has been confined at home by illness, Dr. Charles Young, be made an honorary member. Dr. Bleyle remarked that this motion had been made before, but no action taken for lack of provision in the by-laws allowing it, but he claimed that it could be done under Article 12, and upon motion, Dr. Young was so elected by a rising vote. Dr. Chandler moved that the society pay the expenses of the secretary to the annual meeting of the State Society, which was carried. Dr. Underwood moved that we hold at least five scientific meetings during the year. Sprague replied that with 23 different societies holding such meetings, the county was surfeited with meetings and moved an amendment to three only. Dr. Eagleton objected that this would be a backward step, in view of the admitted success of the county society in developing from a single annual meeting a few years ago to five meetings, all of which were profitable in scientific addresses and progressive in business matters. The original motion for five meetings was carried by a large majority.

The following new members were then elected: Drs. Ernest Gennell, Orange; M. H. Weinmann, West Orange; G. Herbert Allen, Herman Busch, Lawrence A. Cahill, George Ward Disbrow, Joseph Friedman, Leslie C. Rissell, Abraham Rothseid, Grant Thorburn and Will Huntington Woodworth, of Newark.

The president nominated Dr. F. W. Pinneo as reported to the State Society for the ensuing year and he was duly elected. The following were nominated by the president and elected as annual delegates to the State Society: Drs. Guiseppe Albano, George C. Albee, Walter G. Alexander, Frederick Alling, William H. Areson, Maurice Asher, L. W. Bagg, Charles F. Baker, Samuel S. Baldwin, Wini-fred Baldwin, C. E. A. Ball, George S. Bangert, Robert L. Banister, Charles W. Banks, H. C. Barkhorn, F. W. Becker, George C. Beckett, J. A. Belott and, in case we became entitled to 20 delegates instead of 18, Drs. A. C. Benedict and N. K. Benton.

The election of officers resulted in the reelection as members of the council of Drs. Edward J. Ill and Wells P. Eagleton, and for president, Dr. John F. Hagerty. Dr. Edward Staehlin was elected vice-president by 88 votes to 53 for Dr. Mefford Runyon.

The report of the special committee on new members appointed last spring Dr. Ralph H. Hunt, chairman, was made by Dr. F. W. Pinneo, who said that a systematic solicitation of all of the non-affiliated members registered by the county clerk had been made for membership and 89 new names had been added, which is 25% of the existing membership. It was moved and carried that the committee be continued this year.

For treasurer, Dr. R. H. Rogers, and for secretary, Dr. Ralph H. Hunt, were elected.

The Essex County Pathological and Anatomical Society opened the season of monthly meetings on Thursday, October 14, with its usual program of interesting case reports and specimens as follows:

Case Reports—Hypernephronia in Rectus Muscle (Secondary from Kidney) Lantern Slides, Dr. E. J. Ill; Microscopical Sections of Brain in Otitic Abscess, Lantern Slides, Dr. W P. Eagleton; Spino-Cellular Epithelioma of Penis, Dr. C. R. O'Crowley.

Specimens-Traumatic Rupture of Spleen, Dr. C. E. Sutphen, Dr. R. H. Dieffenbach, Dr. F. R. Haussling; Heart; Patent Inter-ventricular Scptum, Dr. H. B. Epstein; Sequestrum from Femur, demonstrating Line of Demarkation, Dr. R. H. Dieffenbach; Renal Calculus, Dr. F. 'W. Pinneo; Carcinoma of Vulva, Dr. E. J. III; Sphacelated Ovarian Tumor, Dr. E. J.

The William Pierson Medical Library Association held its first meeting of the season on Tuesday evening, October 10, Dr. Ellis Bonnine, of the Post-Graduate Hospital, New York, read a paper on "Immunology as applied to Tuberculosis."

The Academy of Medicine of Northern New Jersey has opened the season of meetings. The section on Pediatrics met Thursday, October 7; cases were presented as follows: By Dr. Arthur Stern, "Hemorrhage in the newborn Hypertrophy of Pylorus"; "Some Skin Diseases in Children"; by Dr. E. W. Murray, "Dengue" and another "Chorea"; by D. M. Royal Whitenack, "Hodgkin's Disenase"; by Dr. J. Levy, "Edema of Brain in New-born," and another, "Erb's Paralysis"; by Dr. F. W. Pinneo, "Separation of the Epiphysis at Wrist." The Section on Medicine was held on Wednesday, October 20 to hear Dr. William M. Rodman, of Philadelphia, the president of the American Medical Association, on "Cancer, Its Prevention and Cure." The Doctor was prevented from coming by an unfortunate accident, but sent his paper, which was read by his son, Dr. J. S. Rodman. It was replete with valuable pathological data and practical therapuetic experience, and may appear in the Journal as an original article later.

The Section on Eye, Ear, Nose and Throat will meet Monday, October 25, and the Section on Surgery Tuesday, October 26. The program being the "Treatment of Deformities following Infantile Paralysis," by Dr. Robert E. Soule; "Flatfoot," by Dr. Charles E. Selvage.

The Society of Surgeons of New Jersey came to Essex County, October 7th visiting hospitals in Orange and Montclair, performing several operations and ended the day with a dinner at the Montclair Club. (See fuller account on another page.-Editor.)

The Medical Library Association of Newark, which has been collecting and organizing medical literature in co-operation with the Public Library, will hold its tenth annual meeting on

Monday, November 29th.

The Board of Health, of Newark, newly appointed and organized this year, has been issuing weekly bulletins which have contained not only statistics on Mortality and Public Health, but numerous brief monographs on different phases of scientific interest. Some recent topics, for example, being "Infant Mortality and the Milk Supply"; the "12 rules of the National Association for the Prevention of Tuberculosis," "Antitoxin and Diptheria," "Milk and Its Care," "Care of Children of Preschool Age," "School and Measles." A most excellent new move is a conjoint meeting of the Board of Health, and the Legislative Committee of the Essex County Medical Society, to hear a report on current activities in legislation while the Legislature is in session and agreeing upon suggested action to control pernicious legislation and make suggestions. As a consequence, all the profession will be better informed upon legislative activities and learn what is needed or possible.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hudson County Medical Society held its annual and first regular meeting of the season on October 5th, 1915, at the Down Town Club, Jersey City. The meeting room was taxed to its capacity, and evidently the society intends to support its reputation for aggression and progression.

Dr. George H. Sexsmith was elected to the presidency, and in responding, thanked the members for the honor conferred, and confidence extended. He realized that to fill the position following the president for the past year was no light matter, as he knew the so-ciety was full of "live wires." He deprecated his ability in this particular line. There was every reason to be proud of this society. Only a few years ago there were only two meetings a year, with a shortening of the interval until now the society meets every month. He considered the gatherings most interesting, and felt inclined to regard Hudson County as the most active society in the State, as proved by the fact that more new members were enrolled in Hudson County than in any other county society.

Another point worthy of remembrance was that last year one of the members-Dr. F. D. Gray-was president of the State Society, and without flattering Hudson County, was very proud of it. At Spring Lake we heard he had done some very wonderful work; that also he had not spared himself, but had visited all the county societies, and had a good deal to do with the success of the State Society.

Dr. H. J. Bogardus was called to the vicepresidency.

The confidence begotten of a quarter of a century recalled Dr. Brinckerhoff to the treasureship.

Without consent, Dr. C. H. Finke was reelected to the secretaryship, and notwithstanding a protest from Dr. William Freile, he was not released from the office of reporter.

Dr. S. A. Cosgrove was again returned as

censor, his term having expired.

Drs. Edsall and F. D. Gray were elected as members of the Public Health and Legislative Committee, Dr. Gray having already served the previous year.

Dr. Brinkerhoff, treasurer, tendered his report for year ending October 5, 1915:

Balanne annual meeting Oct. 5, 1914.. \$533.80

 Dues received
 1,351.00

 Initiation fees
 51.00

Total\$1,935.80 Disbursements \$931.69

Balance Oct. 5, 1915\$1,004.11

The committee on scientific work was composed of Drs. Wm. L. Pyle, W. Homer Axford and J. J. Mooney and they were reappointed, as was also the Membership Committee formed on May 5, 1914. Dr. F. D. Gray. as chairman of this committee, suggested that the secretary send to each member a double postal, with return half, asking for the member's help in his baliwick, with information as to any physician who was not a member.

The names of Drs. Geo. Ginsberg and I. T.

Zenneck, of Hoboken, who had applied for membership, were passed to the censors as usual.

Dr. G. K. Dickinson stated that Dr. Frank McLouglin, son of Dr. T. J. McLoughlin, deceased, and former director of St. Francis Hospital, was present at the meeting and he proposed him as a member.

The official business having taken considerable time, interesting cases were omitted, and Dr. August A. Strasscr, Arlington, N. J., proceeded to read his paper entitled "Prolapsus Uteri."

The paper with the free discussion it evoked will be published in the Journal at an early date.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The Somerset County Society held its annual meeting at the usual place, the Ten Eyck House, Somerville, October 14. It was called to order by the president, Dr. Weeks at 1.30 P. M. A fairly large representation of the membership was present, and the routine business of the society being small, was soon transacted. The annual election of officers was the principal item of business and resulted as follows: President, D. F. Weeks; vice-president, F. C. Jones; secretary, L. Ely; treasurer A. H. Dundon; censor, T. H. Flynn; reporter, J. H. Buchanan; annual delegate to the State Society, D. F. Weeks.

Dr. W. A. Clark, of Trenton, the councilor of the district, being present, was called upon and responded in a pleasing manner. A committee to arrange for a special meeting in celebration of the 100th anniversary of the society, falling due in May, 1916, was appointed, consisting of Drs. Fisher, Stillwell and Buchanan. Suggestions were solicited as to the manner in which the event should be celebrated, and as your reporter was appointed chairman of the committee, he takes this opportunity to solicit further suggestions from anyone interested. And furthermore, inasmuch as he has the task of compiling a historical sketch of the society, he would appreciate any matter sent or communicated to him bearing in any way on the existence of the society. It's a long way back to 1816, and wireless connection with those carlier periods is not working well.

Following the business, the society adjourned to the High School Auditorium where Dr. Frank S. Mathews, surgeon in St. Luke's, New York, gave an illustrated paper on "Renal Lesions, Differential Diagnosis and Treatment." There were a large number of slides shown and discussed, and many a useful hint was given by the speaker in his talk. Following this the society reassembled at the Ten Eyck House and for the 99th time in the century sat down to its annual dinner. I forbear giving the menu, lest I cause salivation in those who should read it, but I am sure that those who enjoyed the feast and the fellowship were filled with the same good checr and wholeheartedness that animated Peter I. Stryker, Wm. McKissack, Augustus R. Taylor, Ferdinand S. Schenck, James Elmendorf, Wm. D. McKissack, Peter Vredenburg and Fitz Randolph Smith, who the minutes of the May 21st, 1816, tell us "agreeably to an appointment made by the 'Medical Society of New Jersey' met at the house of Daniel Seargent for the purpose of organizing the 'District Medical Society for the County of Somerset.' "

SUSSEX COUNTY.

H. D. Van Gaasbeck, M. D., Reporter. The regular annual meeting of the Sussex County Medical Society was held at the Cochran House, Newton, on Tuesday, October 12, 1915, Dr. Thomas R. Pooley, Jr., the president, in the chair. Owing to the fact that the Tri-County Mcdical Association was to meet at Newton, the same day, all the scientific program was dispensed with. The regular order of business was transacted.

The following were elected officers of the society for the ensuing year: President, Henry J. Harp, Sussex; vice-president, C. M. Dunning, Franklin; secretary, F. P. Wilbur, Franklin; treasurer, E. Morrison, Newton; reporter, H.

D. Van Gaasbeek, Sussex.

We were pleased to welcome Dr. D. C. English, editor of the State Society Journal, and Dr. C. C. Beling, councilor of the First District. They came on the scene just as we were on the point of adjournment. We then adjourned to meet with the Tri-County Association. That meeting will be reported by the secretary of that association, suffice it to say—that that meeting was a great success both in point of attendance and in scientific offerings.

WARREN COUNTY.

Charles B. Smith, M. D., Reporter.

The annual meeting of the Warren County Medical Society was held at Belvidere, October 26, 1915. The meeting was called to order by the president, Dr. William Kline; nineteen members were present. Three new members were elected, Dr. F. A. Wolfe and Dr. H. R. West, of Phillipsburg, and Dr. Robert H. Randall, of Hackettstown, N. J.

The guest of the society was Dr. F. E. Stewart, professor of Materia Medica, Medico-Chirurgical College, Philadelphia, Pa., who gave an address, illustrated with lantern sildes, on "The Artificial Production of Immunity for the Prevention and Cure of Infectious Diseases." The doctor's lecture was so instructive and entertaining, that he was unanimously invited to return at our winter meeting and talk about serum therapy, which invitation was accepted. The following officers were elected:

President, Dr. F. P. McKinstry; vice-president, Dr. W. H. Albright; secretary, Dr. W. J. Burd; treasurer, Dr. G. W. Cummins; reporter, Dr. Chas. B. Smith.

Delegate to State Society, Dr. H. B. Bossard; alternate, Dr. F. J. La Riew. Dr. J. M. Reese was appointed chairman of Committee of Arrangements for winter meeting.

Local Medical Societies' Reports

Bayonne Medical Society.

Morris Frank, M. D., Reporter.

The first meeting of the Bayonne Medical Society for the season of 1915-1916 was held at the Elk's Club House on September 20, 1915, with Dr. L. E. Deary presiding. After the regular business of the society was disposed of, there were reports of interesting cases.

Dr. W. W. Brooke: (1) Girl 18 years of age. Had an attack of sore throat following a ton-sillectomy. When called in, the patient had fever, sore throat and pain in the back. Three days later patient had a chill and fever went

to 104. Did not have any abdominal pain. The next day patient developed an acute pain in the abdomen and was taken to the hospital and operated on. Patient had free pus in the abdomen but the appendix and pelvic organs were normal. The pus showed a pure culture of streptococci. Patient died next day. The free pus was probably due to metastasis from the throat.

(2.) Female. Had a tuberculous history. Complained of pain on right side. On examination there seemed to be a mass on the right side of abdomen. On vaginal examination, there seemed to be a mass on the right side of the pelvis which felt like a cystic ovary. On' opening the abdomen all the abdominal viscera were matted together and studded with tubercles. There was also some fluid in the abdomen. Patient also had a Meckel's diverticulum. Patient left the hospital in an improved condition.

Dr. A. C. Forman: Child 9 years old. Was taken into hospital with convulsions. Stayed one day and went home. Three days later was again admitted into the hispital with convulsions. On examination, patient had an enlarged kidney. Urine examination showed pus and casts. Child died. Pathological examination of the kidney showed nothing except slight hypernephrosis.

Dr. J. J. Hunt: Had a patient with appendicitis where the cecum lay directly under the liver and the appendix behind the stomach and to the left of the spine. Patient recovered.

Dr. F. W. Corwin: Man developed an acute hernia, due to an injury. Was operated on at the Post-Graduate Hospital. Left hospital two weeks later, but was still sick. Was called in and on examination patient had a temperature of 103.5. Also complained of severe cough and profuse, foul expectoration. Patient had an unresolved pneumonia. On questioning him, he said that he took the ether badly and three days later developed the cough and temperature. Sputum examined for tuberculosis was negative. Was probably an insuffiation pneumonia.

Dr. G. H. Sexsmith: (1.) Showed X-ray prints of fractures which had been operated. (2.) Reported a case of pellagra. This patient had been previously operated on for Pott's disease of the spine according to the Albee method. Patient's appetite became erratic and vomited a good deal. Bowels were loose. Knuckles were red and the skin dry. Mucous membranes of the mouth and vagina were fiery red. A government expert confirmed the diagnosis.

Dr. M. Shapiro: In reference to the case he said that pellagra is divided into three varieties: (1.) Gastric, with marked gastro-intestinal symptoms; (2.) Nervous, thought to be the early stage of the disease. Patient has a lateral sclerosis and is suffering from asthesias; (3.) simulates syphilis. There are mucus patches in the mouth and vagina. There are condylomata in the vagina. Patient has a strawberry tongue and sore throat. Wassermann is positive in many cases thus giving credence to the germ theory. Pigmentation of the skin and erythema on the wrists, elbows and feet are very characteristic of this disease. Allessandrini believes that the disease is endemic in certain regions. It is caused by the silicates in water uniting with the chlorides in the blood producing an acidosis. He cures them with sodium citrate, by injecting 15 m. of a 5-10% solution.

Dr. M. J. Weiss then read the paper of the evening entitled, "Chronic Rhinitis." (This paper will appear in our Journal later.—Editor.)

Discussion: Dr. E. Thum said that in the hypertrophic form it must be differentiated from chronic congestion (turgescent rhinitis). The latter cases have little or no enlargement of the turbinates. By using astringents to shrink the mucosa, the hyperplastic mucosa can be made out. These do not need operation. These cases are usually caused by chronic gastritis and indigestion or working at irritating chemicals. By treating the general condition and using mild alkaline sprays, the congestive cases clear up. Regulate the bowls, improve the stomach condition, and have the patient stop smoking. If chemicals are the cause, try to remove the cause if possible. If the alkaline sprays do not give improvement, use a mild silver solution after shrinking the mucous membrane with cocaine. If silver does not help, use the electric cautery. It should only be used with the platinum rod at a cherry red, and only one incision should be made with the rod. The less heroic the treatment the better the results. If the patient has a lot redundant tissue which hangs down after shrinking the mucous membrane with cocaine, the tissue should be removed as it acts as an obstruction, and causes retention of secretions with resulting fetid discharge. Dr. Skiller removes only that portion which is movable by touching with an applicator.

As for the atrophic rhinitis, Dr. Thum said that it was a misnomer. The atrophy is a secondary condition. The ozoena and crusts are due to chronic sinusitis or disease of the ethmoidal or sphenoidal cells. The middle and inferior turbinates are markedly atrophied. The discharge may be either profuse and fluid or scanty with formation of crusts. Atrophic rhinitis is never primary but secondary to sinus or cell disease. If the underlying cause is treated early in life, a cure can be effected. Eut if it has lasted until adult life, all that can be done is to use local applications to keep nasal cavity clean and prevent crusting. A douche of plain saline is as good as anything. It prevents further atrophy.

Dr. Klein wanted to know whether climate predisposes to chronic con-rhinitis.

Dr. W. W. Riha thinks that many cases of chronic rhinitis are due to neglected adenoids in childhood.

Dr. Frank asked why there are many people who breath freely during the day or while they are in the upridgt position. When they go to bed, the nose becomes clogged up and they have great difficulty in breathing through their noses.

Dr. Weiss (closing), believes that climate does predispose to chronic rhinitis. In answer to Dr. Frank's question he said that that condition was due to disease in posterior nares.

Hudson County Tuberculosis Clinics Association Berthold Pollak, M. D., Sccretary.

The fifteenth regular meeting of the Association of Attending Physicians of the Hudson County Tuberculosis Clinics was held on Mon-

day, October 11th, 1915, at the Jersey City Free Public Library. President Brown presided.

Present—Drs. Dickinson, Spalding, Brady Riha, Alexander, Little, Brooke and Brown.

Misses Shute, Allen, O'Brien, Herley, Stevenson, Whalen, McBride, Sommers, Fitzgerald, Sledge, Shepherd, Witte and Madden.

Mr. W. W. Baxter of the Hudson Observer and Mr. Teddy Ranson of the Jersey Journal.

In the absence of the Committee on Programme, the President tendered a tentative report concerning the meetings of the year.

The Secretary reported having received a communication from Dr. Maurice Fishberg, consenting to address the Association at the November meeting, his topic to be "Hasty Diagnosis in Pulmonary Tuberculosis."

Mrs. Catherine Corbalis and Miss Ellen Olson

were elected as Associate Members.

Dr. Hugo Alexander presented a carefully prepared paper on the "Tenement House Problem and Its Relation to Tuberculosis," which elicited a spirited discussion on the part of Drs. Gordon K. Dickinson, Harold W. Brown and B. S. Pollak and Messers. W. W. Baxter and Teddy Ranson.

The meeting then adjourned until November 8th, 1915, at which time Dr. Maurice Fishberg, professor of tuberculosis in the New York University, will address the association.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met at Day's in Morristown on the evening of September 22, 1915, as guests of Dr. Jennie A. Dean. Dr. A. A. Lewis, of Morristown, was in the chair. Most of the members were present and among the visitors were Dr. Josiah Meigh, of Bernardsville; Dr. M. C. Smalley, of Gladstone; Drs. William F. Costello and A. L. Baker, of Dover; Drs. Anna L. Allaben, Frank H. Pickney, of Morristown, and Dr. F. H. Thorne, Greystone Park.

Dr. Walter F. Danmeuther, of the Post-Graduate Hospital, New York City, made an address on "Diagnosis of Urologic Lesions in Women."

The doctor opened by describing the technique used in examining the urologic tract in women and said laboratory findings by a competent observer would frequently point out the diseased part. He showed numerous instruments and gave the reasons for the preference of each. The daily urine output was very valuable in deciding the advisability for an operation or waiting unt'l the metabolic conditions were improved. If the output was below 300 grammes it was dangerous to operate, and if below 200, the patient succumbed. The doctor spoke of the numerous cases treated for years for frequency of micturition which might be the only symptom that when examined showed ulceration on the anterior bladder wall. Reddening of the trigone and a pouty appearance of one of the uretal openings is an indication of tuberculosis of the kidneys, even though laboratory findings were repeatedly negative. In this connection it was well to remember that nearly all cases of tuberculosis of the bladder were secondary to kidney infections.

The doctor thought that if acute conditions

were found the patient should not be operated or even examined with instruments; that it was better to wait, as in salpingitis, until the temperature subsided and the patient's general health had improved. He said that in using hexamethylamine it was necessary to remember it acted only in acid media and for this reason sodium benzoate should be prescribed with it. If too much hexamethylamine were used it increased the irritation; for this reason the doctor usually ordered:

Hexamethylomine,

Sodium benzoate, aa, gr. vii ss.

Ft. pulvis.

Signa: One powder every four hours and only four powders similar to above to be taken in twenty-four hours. These amounts and this combination gave uniformly the best results. Uretal catheterization was not so necessary to diagnose kidney stone now that good X-ray pictures could be so readily procured, but was occasionally a benefit for purposes of irrigation of the kidney pelvis. No more than 10 c.c. of fluid should be used for this purpose and the doctor advised the use of a 10 c.c. syringe so that no more fluid could be injected at one time.

In closing the doctor said that he thought there was a great field for urological examinations throughout the country and if these were properly done numerous patients might be operated on carlier and their lives therefore made happier and prolonged.

Only a few of those present felt that they had enough knowledge of the subject to discuss the paper, but several pertinent questions were asked that the doctor answered in such a way as to give a great deal of information.

Dr. Harry Vaughan presented a case of buphthalmia on which he had recently operated to relieve the excessive tension.

The meeting then adjourned to partake of a repast furnished by the hostess.

Orange Mountain Medical Society.

Briscoe B. Ranson, Jr., M. D., Secretary. The 351st regular meeting of the Orange Mountain Medical Society was held at the residence of Dr. D. E. English, in Summit, on Friday evening, October 15th. After the transaction of the regular business of the society, the paper of the evening was read by Dr. E. C. Seibert, of Orange, his subject being "The Relation of Ptosis to Intestinal Stasis." Dr. Seibert discussed the fundamental mechanical factors in the production of visceral ptosis and outlined a very definite and complete means of correction by operation.

He reported six interesting cases cured of pronounced ptosis. by his method. The subject was discussed by Dr. E. J. Ill, Dr. Thos. W. Harvey, Dr. James Brown and other members of the society.

The Practitioners' Society of Eastern Monmouth.

This society met at the Monmouth Memorial Hosp'tal October 16, 1915, Long Branch, when Dr. Harry B. Slocum was elected president for the coming year. Other officers elected were Vice-president, Dr. Brayton Failing, of Atlantic Highlands; secretary, Dr. Stanley H. Nichols of Long Branch; treasurer, Dr. James Rowland, of the Highlands.

State and National Societies.

The Society of Surgeons of New Jersey. Reported by Thomas W. Harvey, M. D.

The Society of Surgeons of New Jersey held their fifth clinical meeting in the hospitals of Orange and Montclair on October 7, 1915. During the day there were between forty and fifty members present from all parts of the State. The general consensus of opinion was that it was a successful meeting, and in every way worth while.

The clinics began at the Orange Memorial Hospital at ten o'clock A. M. This is one of the oldest hospitals in the State, dating back to 1876. During these forty years the plant has grown from a small cottage to a group of buildings with a capacity of 150 beds; many of the buildings are not modern, but the top floor of one of the newer buildings has been recently made over for the operating department, and this is quite up-to-date.

Operations were demonstrated as follows: Dr. Mefford Runyon: 1st, Excision of adenoma of the thyroid gland; 2nd, osteoplastic operation on the skull for the cure of a traumatic epilepsy.

Dr. J. H. Bradshaw: 1st, Operation for the cure of varicocele; 2nd, excision of tumor of

the breast

Dr. T. W. Harvey, Sr.: 1st, Laparotomy for intestinal obstruction; 2nd, laparotomy for chronic appendicitis and peri-colic adhesions;

3rd, excision of hemorrhoids.

The patient with epilepsy had been having increasingly frequent convulsive seizures for several years, there was no aura, but there was a history of a severe blow upon the top of the head, and the X-ray plate showed the shadow of a spicula of bone pointing inwards from the point of injury. The bone which was very thick was removed by the motor saw and rongeur, the portion of the bone that was fractured was removed and the wound closed.

The case of obstruction of the bowels was a child nine years old, an emergency case just brought into the ward. History, two days' obstruction, no temperature. The abdomen being chened, fibrous bands were found extending from the ileum and from the omentum to a tumor situated in front of the fourth lumbar vertebra in the mesentery, these bands occluded the small intestine about one foot from the ileo-caecal valve; when the bands were cut the obstruction was relieved. The tumor was a mass of glands, one the size of an English walnut, had broken down and pus escaped from it during the procedure necessary to freeing the obstructure. The glands were tubercular, and were left in situ and the abdomen drained.

At eleven o'clock A. M., the clinic at St. Mary's began. This is a very modern hospital, up-to-date in every particular and very attrac-

Dr. C. W. Banks operated: 1st, Hysterectomy for fibroma; 2nd and 3rd, narrowing of the ileo-caecal valve for epilepsy.

In these latter cases, X-ray pictures had demonstrated the incompetency of the ileocaecal valves, a Kellogg operation was done with the expectation that the relief of the intestinal stasis would cure the epilepsy.

At one o'clock the society was entertained at luncheon by the local members at the rooms of the William Pierson Medical Library. At two P. M., automobiles took the visiting surgeons to Montclair where a clinic was held at the Mountainside Hospital by Dr. J. S. Brown.

This hospital has recently been rebuilt and renovated, it has a new fire-proof medical building that is in every way well suited for the purpose and is a credit to the community.

Dr. Brown's operations included: 1st, Excision of a goitre; 2nd, gastro-enterostomy for

duodenal ulcer; 3rd, appendectomy.

He also presented a patient on whom he had done a complete colectomy to cure an arthritis deformans. This patient, a girl of fourteen, had been completely bed-ridden by her disease: all of her joints were flexed, ankylosed, and her condition was extreme. Examination of the teeth was negative, urine showed large quantities of indican; this with the history of constipation and indigestion and other symptoms of intestinal stasis led Dr. Brown to attribute the disease to absorption from the colon. A colectomy was done with very gratifying results, the patient can walk and can flex all her joints, is free from pain, has a very healthy digestion and is gaining weight. Dr. Brown believes not only that the acute conditions are cured, but that absorption is taking place in some of the joints that seemed to have a bony ankylosis.

At five o'clock the society convened at the Montclair Club, President Dr. H. B. Costill, of Trenton, presiding. Two hours were devoted to discussing the day's work, the custom being for the operator to describe his cases, giving his reasons for operating, the technique, etc. The other members then discussed, criticize and question the procedure. This brings into the discussion the description of many meth-

ods, their merits and demerits.

At seven o'clock the society sat down to dinner at the Montclair Club.

These meetings are well calculated to be of great benefit to the profession. To know that one's work is to be looked over by one's colleagues and rivals, induces carefulness, and tends to precision and greater efficiency.

Medical Society of the State of Philadelphia.

At the meeting of this society held in Philadelphia, September 21-24, the following officers were elected for the ensuing year:

President, Dr. Charles A. E. Codman, of Philadelphia; first vice-president, Dr. J. Torrance Rugh, of Philadelphia; second vice-president, Dr. Edgar M. Green, of Easton; third vice-president, Dr. William Albert Nason, of Roaring Spring; fourth vice-president, Dr. Myers W. Horner, of Mt. Pleasant; secretary, Dr. Cyrus L. Stevens, of Athens; treasurer, Dr. George W. Wagoner, of Johnstown; chairman of the Section on Medicine, Dr. J. Wesley Ellenberger, of Harrisburg; secretary, Dr. David Riesman, of Philadelphia; chairman of the Section on Surgery, Dr. Levi Jay Hammond, of Philadelphia; secretary, Dr. John L. Atlee, of Lancaster; chairman of the Section on Diseases of the Eye, Ear, Nose and Throat, Dr. C. M. Harris, of Johnstown; secretary, Dr. George B. Jobson, Jr., of Franklin. The next meeting will be held at Schanton, Pa.

American Electro-Therapeutic Association.

This association at its annual meeting in Atlantic City on September 14-16, elected the following officers: President, Dr. Jefferson A. Gibson, Denver; vice-presidents, Drs. J. Willard Travell, New York, Frank B. Granger, Boston, William L. Clark, Philadelphia, Sidney A. Twinch, Newark, N. J., and William Martin, Atlantic City; treasurer, Dr. Emil Henck, New York; secretary, Dr. Byron Sprague Price, New York; registrar, Dr. Frederick M. Law, New York.

Miscellaneous Items.

Child Hygiene Bureau, Newark Health Board.

Dr. Julius Levy, director of the Newark Board of Health Bureau of Child Hygiene at a meeting held under the auspiess of the State Commission of the Blind recently, said that cases of ophthalmia in infants have been reduced from thirty in 1914 to five for the first six months of this year through the efforts of the bureau of child hygiene of the Board of Health. In the districts supervised by the bureau, Dr. Levy said, no eases of ophthalmia have been reported recently.

Medical Corps of the Navy.

We have received notice from Surgeon-General Braisted, of the U.S. Navy, of the examinations for entrance into the medical corps of the navy, to be held November 15, 1915, at Washington, Boston, New York, Philadelphia, Norfolk, Charleston, Chicago, etc. Full information may be obtained by addressing the Surgeon-General of the Navy, Navy Department, Washington, D. C.

The Returns of Medical Practice.

Dr. Isadore Dyer, in the New Orleans Med. and Surg. Jour., says:

For a livelihood, the practice of medicine brings in slow return, depending on location and opportunity. Success is laggard, as a rule, and even when emoluments balance expenditures, the profit in the practice of medicine is not eonsiderable. The exceptional physician may grow well to do through fortunate investment, but outside of the larger eities, few get rich.

Serbia Honors Americans.

It is reported from Nish that Crown Prince Alexander has decorated forty-three American physicions and sanitary engineers, in recognition of their services in stopping the epidemies which broke out in Serbia after the war began. The Americans decorated were those sent out by the American Red Cross and the Rockefeller Foundation.

Fecundity of Prussian Women.

A Berlin eorrespondent of The Sun writes that according to the eensus taken in December, 1910, there were at that time in Prussia, 7,809,306 married, widowed and divorced women, of whom only 575,519 had no ehildren. Of these 82,921 women had twelve ehildren, 42,629 had thirteen, 27,064 had fourteen, 14,624 had fifteen, and 17,337 sixteen ehildren or more each. As many as 789 women had more than twenty ehildren. Altogether the

7,250,000 Prussian mothers had given birth to 28,312,898 children, or an average of four children each.

Speaking of Lunatics-Every year hundreds of men and women become crazed by drink. In "wet" States a proportion as high as 14 per cent. of the inmates of insane asylums are patients who were deranged by liquor. Kansas the alcoholie psychosis cases are only 3.2 per cent.—the lowest ratio found in any State in the Union .- Collier's Weekly.

Coming Meetings.

Genito-Urinary Clinie in New York.

The third winter course of public genitourinary clinies held by Dr. Abr. L. Wolbarst, began on Oetober 7, at 8.30 P. M., at West Side German Dispensary and Hospital, 328 West Forty-second street, New York, and will continue throughout the winter every Thursday evening. A similar series of clinics will be held every Tuesday afternoon at 3 o'elock, at Beth Israel Hospital (Dispensary), Jefferson and Monroe streets. Physicians and medical students are welcome. Interesting cases may be brought for diagnosis and conference.

Newark Medical League.

A circular issued by the league through Dr. H. L. Fuerstman, secretary, announces the following papers to be read before the league during the winter:

Dr. S. W. Bandler, of the Post-Graduate Hospital, New York, November 1, on "Pituitary Extraet."

Dr. Isaac Levine, of the Rockefeller Institute on "Recent Advances in the Treatment of Cancer," to be illustrated with the stereopticon, on November 15th.

Dr. Albert Berg, of the Mount Sinai, New York, on "The Surgical Treatment of Gastrie and Duodenal Uleer and Cancer," illustrated, January 17, 1916.

Dr. Chares A. Elsberg, of the New York Neurological Institute, on February 7, 1916, subject to be announced later.

The lectures are to be given at the rooms of the Academy of Medicine of Northern New Jersey, Wiss Building, Newark, at 8.45 P. M. The profession is cordially invited.

Academy of Medicine of Northern New Jersey.

The stated meeting of the Aeademy will be held on Wednesday, November 17, at 8.45 P. M. The essayist will be Dr. George Cheever Shattuek, associate professor in Harvard University, Boston, Mass. His topic will be, "The Percussion Area of Cardiae Dulness." new members are to be elected.

Dr. Gordon K. Diekinson, Jersey City, will address the Section of Gynecology on "The History of the Ante-Flexed Uterus.'

The announcement of dates and programs for that and the other sections will be announced later.

The Committee on Building is reported to be working hard and it is expected that in the near future the Aeademy will have a home of its own. Until then the meetings will be continued in the Wiss Buildng, 665 Broad street, Newark.

THE JOURNAL

Medical Society of New Jersey

NO 'EMBER.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor, New Brunswick, N. J.

Each member of the State Society is entitled to re-

celve a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the

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AUGUST A. STRASSER, M, D., Arlington, N. J.

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SANITARY ASSOCIATION.

We call special attention to the fortyfirst annual meeting of the New Jersey Sanitary Association to be held in the Laurel-in-the-Pines Lake, on Friday and Saturday, December 3 and 4 (not 10 and II as announced last month), beginning at 3.30 P. M. on the 3rd. We regret that the committee is late in making announcement of the program, but it will be an excellent one, we are assured. We hope there will be a larger number of our members there than usual.

We remind the members of the Committee of Arrangements for the 150th anniversary of the Medical Society of New Jersey to be held next June, that the committee will meet at the Laurel-in-the-Pines at 5.30 P. M., December 3rd.

ADVERTISING FRAUDS.

The Magazines and Newspapers—both secular and religious—are begining to realize their share of responsibility and culpability for high death-rates in publishing deceptive or lying advertisements of tuberculosis or cancer cures or other nostrums, so many of which are harmful alcoholic compounds, often inserted with deceptive or fradulent testimonials and the faces of their real or pretended authors, given free exhibition. The New York Tribune and several other leading newspapers—many in the West and South especially—have rendered the public great service by shutting out such trash at decided loss of income.

It is a cause for thankfulness that the altruistic spirit is growing among the leaders of the respectable press, for their influence is mighty in educating the public to know and shun these frauds and deceivers who for their consicenceless greed of gain are impairing the health and destroying the lives of tens of thousands of their ignorant or thoughtless dupes. These honest newspaper publishers and editors should not only receive the hearty endorsement of medical men, but also their helpful support in the education of the people as to the essential requirements for the safeguarding of their readers lives and health, and of the public health in the prevention and cure of disease-producing conditions.

Our Society's Committee on Publicity is considering some practical measures to give this helpful support and the committee should have the hearty co-operation of every county society and every member of The counter-prescribing in each society. drug stores is also a matter worthy the attention of our committee and of our county societies, as it is an evil second only to nostrum vending—in fact it is a part of it, for nostrums or proprietary medicines are usually the remedies prescribed. We should remind the public that it is not only a dangerous habit, but that it is in direct violation of law.

"NEW JERSEY IN LINE."

We take the following editorial from the Missouri State Medical Journal, under the

above caption:

"We congratulate the Medical Association and its journal and felicitate organiized medicine upon the addition of another journal to the membership of the Co-operative Medical Advertising Bureau. Beginning with the September issue, the Journal of the Medical Society has eliminated all objectionable advertising and can now present to the members of that organization a periodical that reflects the ideals of organized medicine in every department of the work."

The Missoui Journal then quotes the editorial which appeared in our September Journal on page 435—"Our Advertisers,"

and adds the following:

"The Journal is edited by Dr. D. C. English, of New Brunswick, New Jersey, and ranks among the best publications owned and controlled by State associations. We welcome this influential factor to the list of

journals conducted on the principles which lie at the foundation of the organized medi-

cal profession of this country.

We thank our brother editor for these commendatory words and return the compliment to the journal which he so ably edits, as we assure him that our Society and its Journal have decided that they would henceforth far rather have no advertisements than to accept those which compromise our profession and deceive or mislead our members by exaggerated or false claims.

It is gratifying to notice the words of commendation we are receiving in the Journals of other State Societies on the high stand our Journal has taken in purging our advertising columns from all objectionable or questionable advertisements. We quoted from the Missouri Journal's editorial columns last month. The following appears in the October issue of the Ohio

State Tournal:

"The campaign for clean advertising in medical journals is going forward rapidly. The New Jersey State Journal is the latest to announce a change of policy, which will bar from its columns all matter not approved by the Council on Pharmacy and Chemistry of the A. M. A. Unfortunately the campaign thus far seems limited to medical journals maintained by the State societies. Of the 350 medical publications in the United States but thirty have high advertising standards and 25 of these are journals of the State medical associations. (The Cleveland Medical Journal is one of the remaining few.) We compliment New Jersey on its progressive stand and trust that the members of the New Jersey State Society will show their appreciation of the step by rendering its management every possible co-operation."

The Kansas State Society Journal says: "NEW JERSEY COMES IN.

"The Journal of the Medical Society of New Jersey on the front page of the September number, makes the following announcement of a change of policy" (then quotes our entire announcement—Editor) and closes as follows:

"We congratulate the Publication Committee on this very important step. It is not always an easy thing to cut out a considerable amount of good paying advertising, but once having recovered from the change it is not difficult to keep the pages clean."

We have simply done what is right, be-

lieving that our Society's membership will sustain us and that reputable firms will appreciate the fact that the admission of their advertisments in our Journal means that we seek to guard our members against nostrums and frauds and that we believe our advertisers are honorable and will furnish reliable goods.

The medical profession can blame itself for the growing tendency on the part of the public to give credit to certain nonmedical persons for having a sufficient amount of technical knowledge concerning medical affairs, and in particular public health affairs, to occupy positions which according to all the rules of good judgment should be filled by medical men of experience and broad Too long have we calmly judgment. watched usurpers, with their pretended knowledge, secure, through political activity or otherwise, positions that rightfully belong to medical men. While it is true that constantly we are making it more difficult for medical men to comply with all the requirements demanded of those who practice medicine along the highest ethical and legitimate lines, yet the horde of pretenders who also are permitted to practice and assume the same relative positions as occupied by a legitimate practitioner, are on the increase. There should be a general awakening and more solidarity of the medical profession in efforts to effect reforms. There is no good and sufficient reason why laymen should occupy salaried positions on boards for the study of tuberculosis, or as members of boards interested in medical affairs requiring technical knowledge for proper operation. If the medical profession exercised the influence that it should exercise, less recognition would be given to the pretenders who are trying to fill the shoes of medical men.—Indiana Med. Jour.

On invitation, it was the editor's great privilege to attend several county and local medical society meetings in October. We expected to give a brief account of them in this month's Journal, but lack of space compels us to defer it till next month. We, however, acknowledge now, with thanks, the invitation extended by these societies and also express our deep appreciation of special favors and hospitality received, in connection with these visits, from Drs. B. D. Evans, E. J. Ill and F. W. Owen, as they saved us many hours of night's rest and so enabed us to do an unusual amount of work last month.

economics.

OVER-CROWDING AT MORRIS PLAINS ASYLUM.

Resolutions Adopted by the Tri-Connty Medical Association, at Newton, Oct. 12.

Whereas, The members of the Tri-County Medical Society, composed of physicians of the counties of Morris, Sussex and Warren, in the State of New Jersey, in regular session assembled, have reviewed with grave apprehension the over-crowded condition of the State Hospital at Morris Plains which endangers the life and safety of the patients maintained by law at that institution, it having in it at this time 989 patients in excess of the number that should be there to guarantee proper classification, orderly management and a suitable order of scientific treatment; therefore,

Be It Resolved, By the members of the Tri-County Medical Society, that they petition the Governor and Legislature of the State of New Jersey to appropriate sufficient money to construct, or to substantially begin the construction of, a new hospital for the insane in order that this sadly afflicted class of our citizens may be provided with suitable accommodations to relieve the over-crowded conditions of the State Hospital at Morris Plains and to take care of the steady increase which is clearly shown by a review of the statistics and the reports treating upon this subject; and

Be It Further Resolved, That a copy of this preamble and these resolutions be sent to the Governor, the President of the Senate and the Speaker of the House of Assembly.

(We call special attention to the above action. Every medical society and every lover of humanity should protest against this overcrowding.—Edtor.)

Dr. Guion Resigns. — Dr. Edward Guion, chief of the Bureau`of Health of Atlantic City, recently resigned and his resignation was accepted with great reluctance. He entered the Health Department in 1903 and with the exception of two years has been at the head of this department ever since. Dr. Guion was compelled by his increasing medical practice to resign and he said: "I find my practice more lucrative than the official position and when it came to a question of giving up one or the other I decided to continue my private practice in which I am deeply interested and as I am not getting any younger, I have to look out for the future. I have been so long associated with the health department that I hated to leave, but it was the better course left open to me.'

Deprecates Tendency to Operate.

Dr. J. M. T. Finney, Baltimore, said recently "There is far too great a tendency to operate nowadays, and the average doctor resorts to this shorter route, when perhaps a more careful diagnosis would show some other course to be preferable. Many operators—and I use the word advisedly—rush into operations with no clear irea whatever of the true nature of the disease which they are endeavoring to combat, and for this reason many operations are needlessly performed."

Editorials from Medical Journals

Medical Economics.

From the New York State Jour. of Medicine. A definition of medical economics could be said to mean, though in a somewhat restricted sense, the preservation of the legitimate material reward of a physician for services rendered to the community at large or to the individual. This reward should be adequate to permit him to live in a manner compatible with health, comfort and freedom from financial worry. Thus he would be enabled to mentally and physically employ his medical knowledge to its utmost limit. In a higher and broader application it means the possession of the inherent rights and privileges of citizenship and the non-interference of the State of municipal buthority with the legal practice of medicine by physicians in their relationship to social

The requirements now demanded by the State for a license to practice medicine are properly exacting and when granted it is incumbent upon the State to prevent an invacion of their legitimate field of labor by corporate bodies or individuals. The incomes of general practitioners have for the past four years been gradually growing less. If common report be true, and we believe it to be so, 50 per cent. of the general practitioners of New York City at present find it difficult to meet their current expenses, economize as they will. It is surely a trying position for a doctor after years of practice to find the results of his work to be a state of poverty and a future shrouded in gloom.

There should be some way to change for the better the existing order of medical practice from an economic standpoint. The subject has been written about, talked about, and fought about, but no well-defined plan has been developed or even outlined to regulate or bring into harmony the many forces inimical to the social well-being of the doctor. There are many successful medical men who view with concern the ever-increasing hardships of their less fortunate brethren and await the formation of some plan of reconstruction that evidences possibilities of success. It is thought by some that wider publicity in agitating the question of economics would enlist the support not only of the majority of the medical profession but also of trustees and boards of managers of independent and municipal hospitals, and citizens engaged in the work of municipal reform. Hospital trustees are so engrossed in the success of the institutions with which they are affiliated that unless some advantage can be derived from their participating in our attempt to secure concessions they are not apt to manifest any great interest in our affairs. Municipal reformers should view the subject more from a philanthropic than an economic aspect. Thus we are left to fight along our own lines.

We most heartily commend the good work done by the Department of Health of New York City, but the thought comes to our minds that in its various activities it passes beyond the confines of preventive medicine—to the practice of medicine. Preventive medicine is so far-reaching in its possibilities that we ad-

mit it is difficult to differentiate where preventive medicine ends and the practice of medicine begins. The prevention and control of pestilential diseases is emphatically the object of the Department of Health, but the treatment of individuals for non-contagious diseases in clinics is an innovation which, though commended by the public, affects the economic status of the physician. The question is a delicate one. The sick poor should receive treatment. If the Health Department is in a better position at the present time to give it, well and good. But it should be shown to the Legislature that this is beyond the province of the Department of Health and should be under the auspices of the Commissioner of Charities, where in time a systematic supervision could be observed over applicants for medical charity. This would prevent the advancement of the Department of Health into the domain of the practice of medicine. One of the many debatable activities of the Department is the issuing of employment certificates to children; 47,000 such certificates having been issued in 1913, after examination by the health authorities. Is it not fair to assume that a certain percentage of the parents or guardians of these applicants could have paid their family physician one dollar for as careful an examination as that made by the Depart-

Medical Inspection of School Children.

From American Medicine.

The medical inspection of school children is becoming one of the most important phases of the work of the sanitarian, and rightly so. Under no other circumstances can "public health work" accomplish more definite and tangible results. The prompt discovery and consequent rectification, of disease, actual and potential, gives the child a far better prospect for a successful schooling, as well as a more useful place in society when its school days are over.

Prevention is invariably better than attempts to cure—to modify the old saw.

In New York City the Department of Health now requires a physical examination of every child attending the public schools. Since there is near a million of them, it will be clear that the health authorities have taken upon themselves a hugh job. They are to be congratulated upon their leadership and the avidity with which they are attacking and accomplishing their task.

As usual "the rights of the people are being trodden upon" and "this is an unwarranted usurpation of individual rights and privileges"-according to some who seem to have the unfortunate habit of criticizing good things because of their personal opinions of those favoring them, or, maybe, merely because "the other felow thought of it first!"

There is no need for materialization of the trouble that has been anticipated by some, or for the worry by others that the inspectors may "do more harm than good" Without a question an immense amount of good must accrue to all concerned, for a careful study of each child in school, or out of it, cannot but reflect favorably upon its own health and upon the health of its prospective schoolmates by preventing their contracting any infectious disease that otherwise would be allowed to be at large. This is by no means all, for the advantage is fully as marked upon the economics of the family first, and later the commun-

One can assume at least one reason for the antagonistic position of some laymen-they do not know any better; but we confess to a feeling of surprise mingled with disgust that any members of the medical profession should oppose so valuable an innovation. As well might one decry the excellent work of the immigration inspectors at Ellis Island and speak of the "rights" of the unfortunates who are refused admission to this country, as to throw opprobrium on this, the most important advance in school hygiene and municipal health preservation. For after all is not its value to the city as great as immigration inspection is to the country?

We predict a much wider application of this principle, with economic advantages that can never begin to be accurately measured.

Medical Men in Politics.

From the Pennsylvania Med. Jour.

Physicians are naturally brought in contact socially or professionally with people of all kinds, and are thereby fully acquainted with their moral and physical needs. Physicians are citizens and taxpayers and, as such, are entitled to exercise their rights and privileges the same as other citizens. It is not to be urged that physicians should be expected to practice both medicine and politics for a livelihood; however, the assistance of those who possess true zeal and altruistic motives should be very acceptable not only in shaping public-health measures, but in regulating radical and national differences, which none understand better than members of the medical profession. strange to state, physicians, as compared with members of other learned professions, fill only a very small percentage of public offices.

Physicians represent a high grade of useful men, because they are practical sociologists and humanitarians, having traits which should be possessed by every legislator.

Physicians, being in close touch with every social and moral condition, are amply prepared to become wise legislators for the best interests of all classes of people. They are expected to render counsel and professional aid whenever it is for the general good; why not in matters politic? By the same rule, politics can be kept in a healthy condition with medical or sanitary renovation. It would be a credit to any community to be served by the ethical standard of the medical profession, rather than by the ethics of machine politics now commonly in vogue. Therefore let physicians be encouraged to take an advanced step in politics.

Tetanus Following Vaccination.

From the Camden County Medical Journal. The recent sad occurrence in Burlington, N. J., where two children of the same family died of tetanus, subsequent to vaccination with vaccine virus, as a preventative of smallpox, again directs attention to this occasional distressing sequel to what is usually a safe oper-

In 1902, there were twelve cases of tetanus in individuals who had been vaccinated, in Camden, and about three years ago a child

died under similar circumstances, and very recently another child died in Camden after vaccination.

These instances were carefully investigated, at the times of their occurrence, and the conclusion was reached that the tetanus infection was not conveyed by the vaccine virus, but was due to soiling of the wound sometime subsequent to the operation.

It is a recognized fact that tetanus germs are indigenous to the soil in the lower half of New Jersey, particularly, and many cases of the disease occur as a result of wounds that are not vaccination wounds; and it is not surprising, therefore, if occasionally a vaccination wound becomes infected with the tetanus bacillus. Such wounds are frequently the site of other varieties of infection, which result in severe and even dangerous inflammations; and it is just as possible for the tetanus infection to be superimposed upon the vaccination virus as it is for any other kind of germ to find lodgment there, provided proper exposure occurs. When we consider how careless the majority of individuals or parents are with vaccination wounds, it is a matter of surprise that disaster so infrequently results. Comparatively few people appreciate the fact that vaccination is really an important operation, and should be approached with the same care that one would open the abdomen. Even the adult is more concerned about the possibility of being hurt than he is about the aseptic precautions taken by the physician; and every physician knows in what a slovenly manner the average parent will care for the wound, notwithstanding the careful instructions that have been given. It is an operation that the public have been led to believe should be done cheaply, and thus people fail to realize the gravity of the wound, and, to save even a further small expense, will elect to do the subsequent dressings themselves; and thus it happens that thousands of vaccination wounds are never seen by the physicians a second time, unless some complication occurs which causes alarm.

If complications occur, under such circumstances, it should not occasion surprise; but neither should the virus be condemned.

Editorials from the Lay Press.

Quack Diplomas.

From the Camden Courier.

The law is a queer thing, and justice has a hard row to hoe when it is called to decide. The notorious osteopathic case in which certain doctors openly confessed to paying hundreds of dollars to an alleged osteopathic college, in Passaic, for diplomas testifying they were students and regularly matriculated, when they had never been inside its doors, was up in the Supreme Court in Trenton recently. The Court wisely denied the application for a mandamus to compel the State Medical Board of Examiners to issue certificates to the alleged graduate doctors, but it went further and stated that the examiners were not the final judges of the facts, which must be determined judicially in case of refusal to grant licenses to holders of diplomas. That means the judiciary may order the issuing of certificates if its judgment of facts do not agree with that

of the skilled experts of the medical board. The Legislature foolishly undertook to order the issue of certificates to these holders of fraudulent diplomas, but the Board of Examiners declined to recognize the authoritey, and now the Court says the judiciary has the final word. If the State Medical Board has no authority to suppress quackery by rooting out fraudulent doctors and protecting the health of the people, it should be abolished and enpiricism be given a free foot. Political influences are supposed to be back of the move to force upon the people admittedly unqualified healers, and they should be uncovered by lawful practitioners.

Lay Editor's View of the Doctor. From the Cincinnati Post.

"From a purely commercial standpoint, doctors are the most improvident human beings we know of. Grocers, bakers, butchers, lawyers, drygoods merchants, manufacturers and editors are doing all they can to stimulate their trades and industries.

"Doctors, on the contrary, are doing all in their power to destroy the need for their own services. Thus there is great rejoicing in medical circles when it is announced that somebody or other has discovered a means of preventing some disease that in the past has kept doctors busy and made money for them.

"Once upon a time a prolific source of a Cincinnati doctor's income was the Ohio River and its typhoid germs. But doctors started the demand for pure water, so that now typhoid is a rare disease in Cincinnati, while doctors are losing about 1,000 cases a year thereby.

"We notice that most of the papers read during the State medical convention, held in Cincinnati, have related, to a large extent, to means of doing away with profitable diseases.

"In recent years there has been a great revival of the feeling for 'service.' In our opinion most of our doctors present to mankind the best examples of self-sacrificing service that we can think of."

Therapeutic Notes.

Broncho-pneumonia in Infants.

Dr. Marfan, in Le Nourrisson, recommends hypodermic injections of the following solution:

R Sterlized olive oil, 8 c.c.
 Sulphuric ether, 2 c.c.
 Camphor, 0.5 gram.
 Crystallized guaiacol, 1 gram.

One cubic centimeter of the above contains 5 centigrams of camphor and 10 centigrams of guaiacol. Up to six months of age the dose is one-quarter or one-third of a cubic centimeter; from six months to two years, one-half of a cubic centimeter; after two years, 1 cubic centimeter. Two injections daily.

Catarrh-Naso-Pharyngeal.

R. Cocaine hydrochl, gr. ii to iv.
Morphine sulph, gr. ij.
Adrenalin chlor., f3iij.
Ac. carbolic, gtt. iij.
Fl. ex. golden seal, dark, gtt. iv.
Tr. arnica, gtt. iv.
Water, q. s., f3 iss.

M. Sig.: Shake and inject 8 to 10 drops up

the nose 3 or 4 times a day or oftener if needed.—Dr. C. C. Mathews, Medical World.

Heart Weakness.

Dr. Moczulski, in Boletin de la Revista Iber Americana, is said to recommend the inhalation of a mixture of 10 drops of tincture of strophanthus in 30 c.c. of water, kept at a temperature of 40° C. The following is administered by mouth:

Tincture of strophanthus, 2 grams. Tincture of nux voinica, 8 grams. Compound spirit of ether or anisated solution of ammonia, 10 grams. M. et Sig.: 10 to 20 drops every 2 hours.

Vomiting-Habitual-in Nurslings.

Dr. Marfan, in La Pediatrica, recommends the following:

Tincture of belladonna, 10 drops. Sodium bromide, 1 gram. Sodium bicarbonate, 1.5 grames. Distilled water, 60 grams.

Simple syrup, 30 grams. M. et Sig.: Four teaspoonfuls a day from birth up to three months; six teaspoonfuls a day from three to six months.—La Pediatria.

Pyorrhoea Alveolaris.

Dr. Cryer recommends the following as an antiseptic mouth wash:

R Acidi borici, 3j. Phenolis, m. xij. Glycerini, f 3j.

Olei menthae piperitae, m. xj. Aquae destillatae, q.s. ad f 3vj.

Sig.: Use as much wash on full strength or dilute with an equal quantity of water.

Bismuth Carbonate for Chronie Colitis.-Sandstein, in a persistent case of chronic colitis, which resisted all other medical and even surgical treatment, obtained relief by giving half ounce doses of bismuth carbonate twice daily, giving in all five ounces by weight.-The New Zealand Medical Journal.

Constipation.—Constipation is quite common in breast-fed infants, and is usually due to the child getting a minimum amount of food or a milk that is low in fat and generally high in protein. Orange juice well sweetened may be prescribed in doses of a teaspoonful to a tablespoonful before nursing with splendid results.

Earache.—A remedy for earache is a dram of ether to an ounce of camphor liniment. Instil three drops in the ear and cover with warm cloth.—Med. Summary.

Mumps .- Dr. Feiling, in the Quarterly Journal of Medicine, says: No known remedy is available which has any direct control over the course of this disease. In all cases rest in bed should be insisted upon till all the swelling of the glands has disappeared; in this way complications possibly may be averted. In adult males this injunction is specially important; to avoid orchitis rest in bed should be enjoined for at least eight days; even then a certain number of cases will probably be affected by it. The usual principles as to diet, regulation of the bowels, and a gradual return to the duties of ordinary life hold good as in other febrile diseases. The complications are dealt with symptomatically as they arise, and call for no special treatment beyond that commonly prescribed. Three weeks may be taken as an ample period of isolation. In all epidemics strict isolation of cases should always be provided where possible.

Suprarenal Extract for Intractable Hiccough.—Segal reports a case of hiccough that lasted for eleven days. It began three days after an attack of renal colic. Large doses of bromide, chloral, chloroform, and cocaine were in turn given, but without bringing relief to the patient, who suffered great pain because of the violence of the hiccough. Finally adrenalin was given in a dose of 10 drops of a 1-1000 solution, when the hiccough immediately became less frequent and on a repetition of the dose ceased entirely and did not recur.-Journal des Practiciens.

The Gas Bacillus and Digestive Disturbances in Childhood.

Drs. P. Sylvester and F. H. Hibben, in Archives of Pediatrics, say that the gas bacillus is not a normal inhabitant of the intestinal tract. Its pathogenicity is apparently demonstrable in certain cases of infectious diarrhea, fat intolerance, carbohydrate intolerance, and chronic intestinal indigestion. The dietary treatment by means of fat-free lactic acid milk unpasteurized, by imposing conditions unfavorable to the growth and activity of the gas bacillus, is rational, safe, and more immediately effective than any other treatment so far advocated.

Limitations of Salvarsan in Syphilis.

Drs. Inouve and Hamanischi, in Sei-i-Kwai Medical Journal, report their experience in the treatment of 1,870 cases of syphilis during the past five years. They find that whereas the conjoint use of salvarsan and mercury in early cases of syphilis was satisfactory, nevertheless 30 per cent. of these were incompletely cured or show a recurrence. In the early cases treated only with salvarsan intravenously there were 70 per cent. of recurrences and incomplete cures. In early cases treated with the subcutaneous injection of only 0.6 gram of salvarsan the results for the following three years were far better than with intravenous injection; but in advanced syphilis the results were just the reverse, recurrences taking place more frequently with subcutaneous than with intravenous injection.

To any of the bromide mixtures we may add in order to somewhat counteract the cardiac depressing effects, either digitalis or strophanthus-2 to 5 min. to the dose.-Critic and Guide.

Phosphate of sodium is the best laxative for persons whose livers are engorged.

According to Slack the immediate application of tincture of ferric chloride is the best treatment for burns.

Hyperemia in any form, from immersion in a pail of very hot water to baking in an electric dry air oven, is highly successful in the treatment of slowly healing chronic leg ulcers.

In the preconvulsive or catarrhal stage of whooping cough, inhalations of tincture benzoin compound are advisable, one teaspoonful to the pint of boiling water.

Mercuric chloride is a useful and efficent application in 1 to 300,000 solution in wounds, etc. In this dilution it exerts no deleterious effects on the tissue cells.

For Rigid Oc: Apply a tampon of absorbent cotton soaked in cocaine or betaeucaine 10 grains to an ounce of saturated boric acid solution. This will relax the most obstinately rigid os, also diminishes the pain during the passage of the fetal head.

If in mercuric chloride poisoning complete anuria appears there is practically no hope for the patient. Death follows almost invariably within one or two weeks.

Turpentine is a fine hemostatic for wounds, applied locally on lint soaked in the fluid and firmly compressed over the bleeding area. G. Grey Turner says it will control hemorrhage even in hemophiliacs.—Critic and Guide.

Hospitals, Sanatorium, etc.

All Souls' Hospital, Morristown.

A campaign is being carried on to raise \$100,000 for its enlargement and better equipment. Up to October 30, \$110,000 had been raised.

Monmouth Memorial Hospital.

Two important things marked the September record of this hospital, an unusual number of admissions and the canceling of all the notes against the hospital. The hospital has property and equipment in excess of a quarter of a million dollars. The total number of admissions during September was 155. Of these 140 were discharged during the month and nine died, leaving ninety patients still under treatment on October 9

Indigent Tuberculosis Patients.

Drs. Irving E. Charlesworth and M. K. Elmer appeared before the Cumberland County Board of Freeholders recently and urged the great importance of care of tuberculosis patients, even more so than of insane patients on account of the danger of infection, calling attention to the fact that there were over 200 such patients in Bridgeton, and favored strongly the sanatorium as a very important plan of treatment. The board concluded the county should either erect a sanatorium or send patients to other sanatoria at the county's expense.

The American Hospital at Chefoo, China.

The hospital of the American Presbyterian Mission at Chefoo, China, was completed in the summer of 1914 and is said to rank with the best hospitals in the larger cities of China. It is described by A. Krisel, a student at the mission, in U. S. Commerce Reports. It is situated on a hill overlooking the harbor of Chefoo and has grounds which cover 4 acres enclosed by a high stone wall. The buildings

consist of the hospital, a dispensary, isolation wards for men and women, a morgue and a water pumping plant. The total cost of the hospital, including the equipment, was about \$50,000 gold. It is built of brick and stone and is three stories high. It measures 160 by 128 feet and there are 8 ward rooms and 8 private rooms with a total of 35 beds; the capacity can be increased to 50 beds, accommodating about 400 patients in the year. The hospital building is heated by a low pressure steam plant and has electric lights. A Roentgen-ray apparatus has been purchased in the United States. Water is secured from a bored well 200 feet deep; wastes are disposed of by the septic tank system. The hospital had, at the time of the report, two foreign and one Chinese physicians, one foreign and one Chinese female nurses and eight Chinese male nurses.

St. Peter's Hospital Training School New Brunswick.

Columbia Hall, New Brunswick, was well filled on the evening of September 15th when the sixth annual graduation exercises of the Training School for Nurses of St. Peter's General Hospital took place. Dr. Benjamin Gutmann presided and gave the address of welcome, in which he spoke of the class about to graduate as one of the best trained that had ever left the institution and spoke of the work of these training schools.

He said: "We in America should feel proud of our nurses. The American trained nurse is supreme. In no other country does she attain the efficiency. In no other country is she so self-valient and resourceful. This is not braggadocia but a matter of observation, and is due to our better system of training and the greater natural ability and aptitude on the part of the nurse herself. The nurse plays her part in the ordinary routine of daily life, and when called she does not hesitate to face the discomforts and dangers of war.' When the records of the present terrible war are completed, there will be enrolled among the names of the heroes and heroins not a few trained nurses."

Dr. F. E. Riva, in a brief felicitious address presented to the six young lady graduating nurses the class pins.

The class was then presented for graduation by Dr. J. Warren Rice, in which he gave the nurses some timely, practical advice, closing with two "nevers"—"Never argue the merits of a case you are treating with outsiders, especially old women—the kind that wear their glasses at the end of their nose, and look out over the top of them; they are the ones that know it all and are sure to get you into trouble if you listen to them. The other never is not to allow any criticism of your doctor or his methods, as it is one of the meanest traits of a nurse to stab an M. D. in the back."

Monsignor O'Grady, in awarding the diplomas to the six graduates, made an excellent address in which he paid high tribute to the medical staff. He spoke of the valuable services of Dr. F. M. Donohue, president of the staff, and urged the graduates to follow the words of wisdom given to them by him. "You are to go out in the world to practice the teachings gleaned in the institution, but the practice of a hospital is not sufficient; there must be a combination of amiable qualities,

such as kindness, patience, persuasion; tongue be guided by truth and ever manifest a spirit of self-sacrifice—the motive is not the acquisition of money. You are entering upon a noble profession, one that calls for amiable virtues; aside from patience and kindness there must be a spirit of prudence, good practical common sense and judgment. It is a noble work, and noble men and women have entered the profession before you." Here the speaker spoke of the work of Florence Nightingale.

Monsignor O'Grady recounted the scenes of the terrible European conflict, where fighting soldiers were pictured as "men shedding the blood of their fellow men," and their wounds were bound by women of your type, he said. In closing his address the founder of St. Peter's General Hospital exhorted the graduates to be loyal and devoted to the institution, and to always manifest a love for their profession.

(We hope to give Dr. Donohuc's address in the December Journal.—Editor.)

Marriages.

BAUMANN-CRANE-At Roselle, N. J., September 22, 1915, Dr. Joseph Baumann to Miss Jennie Meeker Crane, both of Roselle.

BUSHEY-GANNON.-In Philadelphia, Pa., October 23, 1915, Dr. Henry F. Bushey, of Camden, N. J., to Miss Rebecca Gannon, of Philadelphia.

HARVEY-ARMOUR .- At Glen Ridge, N. J., October 12, 1915, Dr. Thomas W. Harvey, Jr., of Orange, to Miss Margaret Armour, of Glen

KAIN-HILLEGAS .- At Mantna, N. J., September 23, 1915, Dr. Thomas M. Kain, of Camden, to Miss Florence Hillegas, daughter of Dr. and Mrs. Eugene Z. Hillegas, of Mantua.

Deaths.

ASHCRAFT-At Mullica Hill, N. J., September 26, 1915, Dr. John H. Ashcraft, aged 82 Dr. Ashcraft graduated at Jefferson Medical College in 1855.

BECSKA.—In Passaic, N. J., October 25, 1915, Dr. Victor G. Becska, aged 34 years. He was born in Passaic and graduated from the Detroit, Mich., College of Medicine and Surgery in 1907.

LAMONT.—At Avon, N. J., suddenly by drowning, September 19, 1915, Dr. George F. Lamont of Newark, N. J., aged 42 years.

Dr. Lamont was born in 1873; graduated from the Long Island College Hospital in 1896. He was a member of the Essex County Medical Society, the Medical Society of New Jersey, and the American Medical Association.

NORTON.—At Trenton, N. J., October 26, 1915, Dr. Horace G. Norton, aged 57 years.

Dr. Norton was born in Hightstown, N. J., March 4, 1858. Several of his ancestors served in the American Revolution and were ardent supporters of the Continental Army. He was educated at the University of Pennslyvania from whose medical department he graduated with honor in 1880. Immediately

thereafter he began practicing medicine in Imlaystown, N. J., remaining there until 1889, when he moved to Trenton, N. J., and continued practice there until the day before his While in Imsudden death from apoplexy. laystown he became prominent in politics, being a member of the Republican County Executive Committee. He was asked to accept nominations for the offices of surrogate, sheriff and Senator, but declined to run in each instance. He was the efficient secretary of the State Board of Medical Examiners. He was a member of the Mercer County Medical Society and the Medical Society of New Jersey; was visiting physician to St. Francis' Hospital, Trenton, for many years. He was an honorary member of the N. J. Microscopical Society; a member of the Sons of the Revolution; a member of the Trenton Natural History Society; of the Trenton Lodge No. 5, F. and A. M., and an associate editor of the Medicus of Philadelphia. He was interested in organizing the Farmers' National Bank at Allentown, of which he was vice-president several years, also the People's National Bank at New Brunswick and the National Bank at Hopewell. He was vice-president of the New Brunswick Bank for two years and continued to serve as a director. He was also a director of the State Loan and Building Association, and at one time was president of the former board of trade of Trenton.

SUTPHEN.—At Morristown, N. J., September 12, 1915, Dr. Frederick C. Sutphen, of Bernardsville, N. J., aged 53 years.

At a meeting of the Somerset County Medical Society, held September 13, the following min-

ute was adopted:

The Somerset County Medical Society note with sorrow the death of their fellow member and practitioner, Dr. Frederick C. Sutphen. We wish to place on record our appreciation of him, both as a man and as a physician. We feel the loss of his genial character and appreciate the loss to the community of one who was interested and shared in every good work. We feel the loss imperative.

Resolved. That a copy of this minute be spread upon the minutes of this society, a copy published in the local papers, and in the Journal of the Medical Society of New Jersey, and that a copy be sent to the bereaved family.

T. H. Flynn, J. F. McWilliam, A. L. Stillwell, Committee.

VREELAND.—In Passaic, N. J., October 4, 1915, Dr. Frank Vreeland, for many years a practicing physician in Paterson, but who has been an invalid for the past ten years. He was born in Paterson in 1851, graduated from the N. Y. Homeopathic College and Hospital in

ZABRISKIE.-At Westwood, N. J., September 11, 1915, Dr. Simeon John Zabriskie in the 86th year of his age.

The following is the minute adopted by the

Bergen County Medical Society: Dr. Simcon John Zabriskie, the oldest physician of Bergen County, died at Westwood, N. J., September 11th, in the 86th year of his age.

He was of Holland ancestry, the oldest son of John and Elizabeth Zabriskie, and was born at Paramus, N. J.

The doctor graduated from the New York University in 1852, and settled in Lodi, N. J., and later in Saddle River, N. J. On January 1st, 1856, he married Sarah L. Moore and permanently located in Westwood, N. J., remaining in the active work of his profession for more than fifty years, until failing eyesight—the result of double cataract—obliged him to relinquish active practice. Though advanced in years, his quick elastic step, bright brown eyes, ruddy countenance, and with hair only beginning to whitten, he presented the picture of a man of sixty, rather than one well past the alloted age.

Dr. Zabriskie was typical of the old school—the ideal family doctor—enjoying the merited confidence and respect of a large community. Possessing strong convictions, he was a forceful character, of good professional ablity, and always ethical in his relations with his colleagues. Of a kindly, cheerful disposition, his coming brought sunshine and hope and life in the sick room, and his final going caused grief and sadness in a multitude of homes.

David St. John, Fred S. Hallett, Coin.

DOCTOR'S WIDOWS

HEDGES.—At Chester, N. J., October 2, 1915, Mrs. Ann Eliza Hedges, widow of Dr. Smith E. Hedges, who died in 1892, and mother of Drs. Ellis W. and B. Van Doren Hedges of Plainfield, in the 86th year of her age.

JAMES.—At Rahway, N. J., October 20, 1915, Mrs. Fannie B. James, aged 73 years. Mrs. James was the widow of Dr. Hiram H. James who practiced in Rahway many years and died there September 11, 1885.

Personal Notes.

Dr. Charles F. Adams, Trenton, returned from his summer outing early last month and resumed his practice. He attended the annual meeting of the American Academy of Opthalmology and Oto-Laryngology in Chicago.

Dr. Charles V. R. Bumstead, Newark, and family have returned home after spending

several weeks at the Adirondacks.

Dr. Frederick C. Burt, Hammonton, who had been for two terms Mayor of the city, has declined re-nomination.

Dr. J. Franklin Chattin, Newark, has removed his office from West Park Street to the Aldine building, 2 Lombardy street.

Dr. Paul L. Cort, Trenton, and wife spent a week last month at Atlantic City. We are glad to report his recovery from a severe illness.

Dr. Henry L. Coit, Newark, read a paper before the N. Y. Academy of Medicine on "The Recognition of Fact and the Estimation of the Danger of Bovine Tuberculosis."

Dr. Fred M. Corwin, Bayonne, has been reappointed medical inspector of the city's pub-

lic schools.

Drs. Harry B. Chalfont, Mullica Hill, and Charles F. Fisler, Clayton, are members of the Gloucester County Grand Jury.

Gloucester County Grand Jury.
Dr. William E. Darnall, Atlantic City, read a paper at the meeting of the American Association of Obstetricians and Gynecologists on

"Mesenteric Thrombosis." He also discussed Dr. Hall's paper on "Intestinal Obstruction and Volvulus."

Dr. Gordon K. Dickinson, Jersey City, and Dr. Chas. L. Ill, Newark, discussed Dr. Hall's paper at the meeting of the American Association of Obstetricians and Gynecologists.

Dr. John C. Felty, Trenton, who for twenty years was assistant to the medical director of the State Hospital, was given a dinner October 4th at the Country Club by Dr. H. A. Cotton, director, and S. T. Atchley, warden of the hospital, as he severed his connection with the hospital. Dr. Felty will make his home at Gettysburg, Pa., hereafter.

Dr. George H. Franklin, Highstown, addressed the Epworth League in the new Cadwalader M. E. Church, Trenton, on October 3rd.

Dr. Edgar B. Funkhouser, Trenton, has been appointed assistant to the medical director of the State Hospital in place of Dr. Felty resigned.

Dr. W. Atlee Hickman, Princeton, has moved into his new offices in the Arnheiter building, Nassau street.

Dr. Bruno Hood, Newton, and wife spent two weeks in Newark last month.

Dr. J. Ergar Howard, Camden, and wife visited Niagara Falls and several places in Canada in July.

Dr. William H. Iszard, Camden, and wife spent their vacation at Atlantic City and Wildwood.

Dr. Frank J. Kellar, Paterson, was elected last month president of the State Council of the Catholic Benevolent Legion.

Dr. John F. Leavitt, Camden, and wife spent their vacation among friends in Hunterdon County.

Dr. A. Haines Lippincott, Camden, has an able paper in the Camden County Medical Journal, October, on the "Importance of a Thorough Study of Cases of Hematuria."

Dr. Edward H. Moore, Asbury, and wife returned recently from a visit at Whitehouse, N. J.

Dr. Jackson B. Pellett, Hamburg, and a few friends took a hunting trip to the Delaware Water Gap recently.

Dr. William H. Pratt, Camden, and family spent their vacation traveling by auto through New Jersey and adjoining States.

Dr. William W. Riha, Bayonne, had a paper in the Mcdical Record recently on Tuberculosis in Children.

Dr. George H. Sexsmith, Bayonne, had a paper in the Medical Record Oct. 9 on 'The Diagnostic Value of Bence-Jones Albumin in the Early Stages of Multiple Myeloma."

Dr. Frank R. Sheppard, Millville, who has been very ill and under treatment, has been removed to his home from the Millville Hospital much improved.

Dr. Theron Y. Sutphen, Newark, and daughter spent a week last month visiting the doctor's mother at Newark, N. Y.

Dr. John D. Ten Eyck, Asbury Park and family spent a few days last month at Whitehouse, N. J.

Dr. Harry Vaughan, Morristown, was recently elected president of the Morristown Prohibition Alliance, and Dr. Fred W. Owen was elected vice-president.

Dr. William A. Wescott, Berlin, was nomin-

ated last month for recorder of deeds, Camden County.

Dr. Francis H. Glazebrook, Morristown, has moved into his new home on South street.

Dr. Fred H. Albee, Colonia, and wife have returned from a Western trip where the doctor lectured at different places.

Dr. Robert Casperson, Camden, and wife have returned home from Atlantic City.

Dr. Dr. Henry W. Kice, Wharton, and wife spent a few days at Baldwin, N. Y., last month.

Dr. August A. Strasser, Arlington, attended the Congress of Surgeons at Boston, Mass., last month.

Dr. G. Herbert Taylor, Maplewood, has been reappointed medical inspector of the township schools.

Dr. W. Leslie Cornwell, Bridgeton, and wife have returned from Boston, Mass., where they spent a week.

Dr. Frederick W. Flagge, Rockaway, enjoyed a few days' hunting trip last month.

Dr. Charles M. Franklin, Hightstown, was thrown by a colt he was breaking to the saddle and fractured both bones of the left leg above the ankle, recently.

Dr. Joseph E. Hurff, Blackwood, and wife spent a few days last month at Greenwich.

Dr. Fred C. Jones, Basking Ridge, is spending a few weeks in California, visiting the exposition and other places of interest.

Dr. George E. Reading, Woodbury, was recently presented with a gold badge by the Good Will Fire Insurance Company of which he is president, in appreciation of his long and faithful service.

Medico-Legal Items.

Action for Medical Services—Evidence.—In an action for medical services rendered to a third person at the request of the defendant it was held that a statement filed with an insurance company by the third person, in which after setting out the facts of the accident he stated that he thought he was entitled to his lost wages and doctors bills and that the doctor's bills amounted to \$150, was inadmissible against the plaintiff in the absence of any evidence that such statement was brought to his attention.—Hertel vs. Cuba (Mo.), 171 S. W. 565.

Unskilled Operation — Evidence of Other Offences Inadmissible.

In a prosecution for killing a patient by an alleged unskillful abortion, resulting in blood poisoning, there was evidence that the patient, who desired to be rid of the child, had herself made use of a syringe, and it was just as probable that she might have introduced the poison as that it was introduced by means of an instrument improperty sterilized in the hands of It was held that evidence of the defendant. prior or subsequent abortions was not admissible. The issue was not whether the defendant was an abortionist, but whether he had produced the death of the patient. The prosecuting attorney having repeatedly obscured the issue by the introduction of evidence of such prior and subsequent offenses, the error was held to be prejudicial, the defendant's evidence, if believed, exonerating him from the charge.—People v. Follette, 164 N. Y. App. Div. 272, 149 N. Y. Supp. 888.

Malpractice-Excessive Damages.-A doctor who is called to treat an injured person cannot be held to answer for the suffering caused by the original injury, but only for the suffering caused by his own negligent acts. The original injury, in so far as the attending surgeon is concerned, is as if it were self-inflicted. All hurts requiring surgical care are presumptively painful and tormenting. In an action for malpractice in not seasonably setting a fracture of the femur it was held that it can be judicially noticed that a compound fracture of the lower limb and a fracture of the femur are painful hurts, and will occasion long suffering although treated with the best of surgical skill. It was held that the defenadant was not responsible for the original injury. or an infection which prolonged the healing of the lower fracture indefinitely and which made a surgical operation upon it necessary, or for the six to twelve weeks during which the bones might have knit under the most skillful treatment had there been no infection. Commenting upon the jury's award of \$7,385 the appellate court said that it was constrained to believe that the jury, in pity for the plaintiff, visited the whole consequence of her hurts and suffering upon the defendant without appreciating the demand of the law that the plaintff bear her share of what the court called "the misfortune which angry chance threw over the unlucky parties to the action." The verdict was held to be excessive to the extent of \$2,000.—Cranford vs. O'Shea, Washington Supreme Court, 145 Pac. 579.

Standard for Measuring the Nuisance Qualities of a Noise.

The Supreme Court of Wisconsin affirms a judgment holding that a proprietor of a hotel was not entitled to have the operation of a neighboring roller skating rink permanently enjoined, but only later than 10 o'clock at night. The court says that, as would be expected in a case of this kind, there was a wide range in the testimony regarding the volume of noise made by the rink. Some described it as very loud and annoying and others as nothing out of the ordinary. All practically agreed that the noise made by the skating was that of a rather loud rumbling noise-much like that of a train passing over a bridge. Some found the music pleasant, some unpleasant, and on others it seemed to have made no particular impression. There was medical testimony to the effect that the noise was not of a kind physically to annoy persons of ordinary sensi-The courts thinks that the evidence supported a finding of fact to the effect that the operation of the rink, as conducted, was not physically annoying to any of the permanent residents, of ordinary sensibilities, in the neighborhood. The standard for measuring the nuisance qualities of the noise was its effect on a person of ordinary sensibilities. was to be gauged neither by a neurotic nor a phlegmatic temperament. To constitute a nuisance, it must be physically annoying; it was not sufficient for it to offend mere taste or what was ideally desirable. An actual effect of discomfort must be produced by it on the average nervous organization before courts would interfere.—(Wahrer vs. Aldrich (Wis.), 152 N. W. R. 456.)

Physician's Liability for Chauffeur's Negligence.

A physician, having been driven to his club in his automobile, ordered his chauffeur to return in the evening. His wife, late in the afternoon, having authority to give orders to the chauffeur in the use of the car in her husband's absence to do "anything reasonable," directed the chauffeur to take her to the club. While on the way they discovered an injured woman by the roadside. The physician's wife stopped, and, finding the woman too badly injured to be moved, directed the chauffeur to go for a doctor. This he did, finding a doctor who got into the car. On the way back to the scene of the first accident the car collied with a wagon and the doctor was injured. In an action for his injuries against the physician for his chauffeur's negligence it was held that the physician's wife under the circumstances was not exercising exclusive control over the chauffeur, and, she having authority to direct the chauffeur to go for a doctor, her orders to him to do so did not destroy the relation of master and servant otherwise existing between the defendant and the chauffeur, and the defendant was therefore liable for the consequences of the chauffeur's negligence.-Mc-Harg v. Adt, 163 N. Y. App. Div. 782, 149 N. Y. Supp. 244.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers, Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

The Clinic of John B. Murphy, M. D., at Mercy Hospital, Chicago. August, 1915. Volume 4, Number 4. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London.

The Medical C linies of Chicago. Volume 1 Number 2. (September, 1915). Octavo of 194 pages, 44 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Published Bi-Monthly. Price per year: Paper, \$8; Cloth, \$12.

Principles and Practice of Obstetrics. By Joseph B. DeLee, A. M., M. D.,, Professor of Obstetrics at the Northwestern University Medical School. Second edition, thoroughly revised. Large octavo of 1087 pages, with 938 illustrations, 175 of them in colors. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$8.00 net; Half Morocco, \$9.50 net.

Disease of the Nose and Throat. By Algernon Coolidge, M. D., Professor of Laryngology in the Harvard Medical School. 12 mo. of 360 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. \$1.50 net.

REPORTS, REPRINTS, ETC., RECEIVED.

Proceedings of the New Jersey Conference of Charities and Corrections. Fourteenth annual meeting, New Brunswick, April, 1915, 217 pages. Report of N. J. Commission for the Blind, for the year 1914.

Forty-ninth annual report of the Board of Managers of the N. J. State Charities Aid and Prison Reform Association, for 1914.

A Study of Locomotor Ataxia, based on the treatment of 600 cases. Drs. C. H. and Frank Burton, Detroit, Mich.

Tonsil-loadenectomy and the Control of the Hemorrhage. Charles F. Adams, M. D., Trenton, N. J.

Some Remarks on the Hospital and its Duties. Gordon K. Dickinson, M. D., Jersey City.

Partial Resection of the Lower Jaw for Cancer. Edward M. Foote, M. D., New York. The Medical Pickwick. A monthly journal published at Saranac Lake, N. Y. A bright, entertaining journal for doctors.

The University of the Philippines. The ninth annual announcement. Bureau of Printing, Manila.

A Plea for Higher Hospital Efficiency and Standardization. H. G. Wetherill, M. D., Denver, Col. Also by Dr. Wetherill, Subinfection from Foci in the Pelvis and Abdomen.

Tuberculosis in Children. William W. Riha, Bayonne, N. J.

MEDICAL EXAMINING BOARDS' REPORT.

Exa	mned.	Passed,	Filed
Alabama, July	98	64	34
Alaska, July	6	6	0
Arizona, July	9	5	4
Illinois, June	200	177	23
Minnesota, June	44	42	2
Montana, April	34	23	11,
North Carolina, June	134	104	30
South Dakota, July.	11	. 11	0
Texas, June	140	136	4
Wyoming, March .	6	5	1
Wyoming, June	3	. 3	0

Baltimore, next to Louisville, used to be known as the city with the largest number of medical colleges. As in the latter city, many Baltimore schools have been eliminated. The latest merger is the University of Maryland Medical School and the College of Physicians and Surgeons.

Public Health Items.

The physical welfare of the child is coequal in its comprehensive humanity with its mental and moral health.—Dr. Roswell Park.

In Ohio there is a physician for every 630 persons—three times the number per 1,000 found in a thickly settled country like Germany for example, which is generally looked on as overstocked with physicians.

The president of the Minnesota Public Health Association made the assertion last week that there occur annually 11,000 preventable deaths in the State.

The Minnesota State Board of Health has decreed that all children recovering from diphtheria must have two negative throat cultures before they are permitted to enter school.

Every employee in New York's 4,500 restaurants and hotels, assisting in preparation and serving of food, has been notified by the board of health that they must secure forthwith certificates stating that they are free from infectious diseases and that in the future they must submit to annual examination. More than 100,000 persons are affected by the order, it was said.

Health of the Canal Zone-The report of Dr. Charles F. Mason, chief health officer of the Canal Zone for July, state that the number of deaths among the employees for the month was 17, of which 10 were from disease, giving a rate of 3.34 per 1,000, as compared with 3.61 for June and 4.12 for July, 1914. Among the eivil population of the Zone, numbering 30,-057, there was a total of 37 deaths; of these, 29 deaths were from disease, giving a rate of 11.58 per thousand, as compared with 13.15 for the preceding month, and 14,64 for the corresponding month last year.

Death Rate in New York .- During the week ended September 25, there were in New York City 1,236 deaths, giving a rate of 11.11 per 1,000 persons, as against 1,323 deaths and a rate of 12.36 for the similar week last year. The death rate for the first thirty-nine weeks of 1915 was 13.43, as compared with a rate of 13.90 for the corresponding period of last year.

Death Rate in Chicago.—During the week ended September 25 there were 487 deaths in Chicago, giving a rate of 10.4, as compared with 660 deaths and a rate of 14.1 for the preceding week, and 569 deaths and a rate of 12.4 for the corresponding week in 1914.

Defects in School Children.--The Bulletin of the Chicago School of Sanitary Instruction says regarding medical school inspection work that it is a service rendered by the department of health for which the taxpayers pay, but unless the parents do their share by having defects attended to after their discovery by the inspectors the money expended is wasted. The department's figures regarding this matter are interesting. In 1914 there were 75,476 examinations made, 45,176 children were found defective and 35,425 were advised to seek treatment. In each of these instances the parents were informed by a note of the nature of the ailment and treatment was suggested, but only 9,244, or 40 per cent., acted on this advice. In detail the figures were as follows: Of 4,054 cases of adenoids, 737, or about 18 per cent., were treated; diseased tonsils, 5,754 cases, of which 223, or a little over 4 per cent., were treated; discharging ears, 1,254 cases, of which 118, or a little over 10 per cent., were treated; defective vision, 9,364 cases, of which corrections were secured in 1,826, or a little over 12 per cent.; diseased eyes, 7,449 cases, of which 138 were treated, or a little less than 2 per cent.

Preventive Medicine.-Within the past thirty years in this country the mortality from tuberculosis has been reduced more than half, and with scarlet fever and diphtheria the re-Within the sults have been more striking. past ten years the average life has been increased four years.-Vaughan.

Health on the Farm .- The death rate in the rural communities of New York State is higher than that of the crowded city of New York. It still amounts to about 15 per thousand since 1900, while in the city of New York the death rate has dropped about one-third in the last fifteen years. The New York State Department of Health in Health News has published papers by various experts to enable the farmer and the country dweller to improve health conditions. It is said that the farmer must be his own sanitary engineer and board of health to a large extent. Among the things he must look out for are proper disposal of wastes, pure water and milk supplies, freedom from insect pests, habits of personal cleanliness, and moderation in all things.

Public Health Failures.

Prof. William T. Sedgwick, at the annual meeting of the American Public Health Association in Rochester, in his presidential address, spoke of some of the successes and failures in public health work. Some of the failures mentioned were as follows:

"Our sewage disposal systems are still in many cases far from satisfactory."

2. "Probably the most flagrant failure in American sanitation to-day is the almost universal lack of public convenience or comfort

stations in American cities and towns." 3. "We have failed to reduce, as we should

have done, typhoid fever in America." 4. "We have failed to reduce, as we should have done, American infant mortality."

5. "We have completely failed, as yet, to make our milk supplies what they should be."

6. "The streets of most American cities are disgracefully dirty and untidy."

7. "We have devised excellent apparatus for heating and ventilating houses and halls in our polar winters, but have neglected the most equally important problem of cooling our habitations and public buildings in our tropical summers."

8. "Our vital statistics are not yet adequate."

9. "Our health boards are too often loaded up with political refugees, political doctors, and ignorant and incompetent laymen.

10. "Our health officers are frequently untrained, ill-paid, or only part-time employees of a no-time board."

11. "We have achieved something in preventive medicine and preventive sanitation, but we have as yet failed in preventive hygiene, which is perhaps the most important of all."

In discussing preventive hygiene, he said:

"Here we may reasonably expect the greatest progress in the nearest future. Rightly studied, preventive hygiene will include domestic and family hygiene. It will deal with celibacy and marriage, with housekeeping, with the high cost of living, with food economy, with domestic service, with child hygiene, and with the right conduct of mature and of elderly life. Preventive hygiene will, in the future, play a mightly part in solving many of the problems of American life, health, prosperity and happiness."

Falsely Labelled Medicines.—More than fifty legal actions have been terminated suc-

cessfully by the U.S. Department of Agriculture under the Sherley Amendment to the Food and Drugs Act, which prohibits false and fraudulent claims as to the curative or therapeutic effects of drugs or medicines. Claims made by the manufacturers for the curative powers of these preparations ranged from tuberculosis, smallpox and diphtheria to coughs, colds and scalp diseases. It is pointed out by the Department that traffic in medicines for which false and fraudulent claims are made is not only an economic fraud of the worst kind, in that a worthless preparation that costs but a few cents is frequently sold for a dollar or more a bottle, but that health, or even life, is endangered by failure to secure the service of a physician until too late in such serious diseases as tuberculosis, diphtheria, pneumonia and scarlet fever.

DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY.

Mortality Reports for August, 1915.

The total number of deaths reported as occuring in the State during August, 1915, was 3,249, which gives a death rate of 13.43 for the month. By age periods there were 917 deaths among infants under one year, 270 deaths of children over one year and under five years, and 876 deaths of persons aged sixty years and over. The total number of deaths for the month is within one of the average for the previous twelve months.

Deaths from cancer are higher than for any period during the past five months and whooping cough also shows a slight increase. Measles, scarlet fever and diphtheria show fewer deaths for the month than for recent monthly periods and are also below the monthly average, which is normal for the time of year.

The accompanying gives the number of deaths from certain diseases occurring during the month ending August 31, 1915, compared with the average for the previous twelve months, the averages are given in parenthesis:

Typhoid fever, 12 (18); measles, 14 (12); scarlet fever, 1 (9); whooping cough, 36 (18); diphtheria, 25 (48); malarial fever, 2 (1); tuberculosis of lungs, 255 (317); tuberculosis of other organs, 45 (48); cancer, 212 (187); diseases of nervous system, 288 (280); diseases of circulatory system, 365 (494); diseases of respiratory system (pneumonia and tuberculosis excepted), 115 (200); pneumonia, 78 (239); infantile diarrhoea, 561 (183); diseases of digestive system (infantile diarrhoea excepted), 242 (194); Bright's disease, 247 (268); suicide, 38 (44); all other diseas or causes of death, 713 (690); total, 3,249 (3,250).

Reports of Communicable Diseases for August.

Typhoid Fever—215 cases, 39 in Middlesex,
30 in Essex, 26 in Monmouth.

Diphtheria—319 cases; 106 in Hudson, 66 in Essex, 19 each in Middlesex and Passaic, none in Cumberland or Ocean.

Scarlet Fever—116 cases; 43 in Hudson, 22 in Essex, 18 in Passaic, none in Burlington, Cumberland, Gloucester, Hunterdon, Salem or Sussex.

Tuberculosis—761 cases; 228 in Essex, 220 in Hudson, 49 each in Mercer and Union, 40

in Camden, 37 in Passaic, 24 in Middlesex, in all other counties from 2 to 18 cases.

Bacteriological Examinations.

The following specimens were examined: Specimens from suspected cases of: Diphtheria, 1,024; tuberculosis, 477; typhoid fever, 665; malaria, 71; total, 2,394.

Food for Thought.

"Give to the world the best you have, And the world will give back to you."

The Life of God is not to be discovered by reasoning, but by obeying.—Ruskin.

It is good to have money and the things that money can buy, but it's good, too, to check up once in a while and make sure you haven't lost the things that money can't buy.—Anon.

Kind looks, kind words, kind acts and warm handshakes—these are a secondary means of grace when men are in trouble and fighting their unseen battles.—Dr. John Hall.

I think there is success in all honest endeavor and that there is some victory gained in every gallant struggle that is made.

—Charles Dickens.

The beauty of work depends upon the way we meet it—whether we arm ourselves each morning to attack it as an enemy that must be vanquished before night comes, or whether we open our eyes with the sunrise to welcome it as an approaching friend who will keep us delightful company all day, and who will make us feel at evening that the day was well worth its fatigue.—Lucy Larcom.

Acquaintance and friendship is one secret of business success. Many an employee's value to his firm depends on the extent of his acquaintanceship. Shrewd fathers often send their sons to the large universities, for the simple reason that they believe their classmates will be of service to them in later life.

As frost blights the most delicate flowers, so self-interest destroys friendship. Even the suspicion that a friend is being "used" for personal advantage, ends the reality of that friendship. Should a wife discover that her husband had married her for dowry, there would be a sudden death of romantic affection. The quality of disinterestedness is the very soul of friendship.

Work that is hard because it is not just what we ourselves would choose is likely to be one of our greatest blessings. Its very difficulty and distastefulness are a challenge and a discipline that usually bring better results than effort in a work that is easier and more to our liking. Few persons can safely be trusted to choose their own work. They would not choose that which has in it enough resistance to draw out the best that is in them. But we may always know that any work from which we cannot honorably escape is needed; and therein lies our inspiration. Only the man

who is not driven and crowded by compulsory work is to be pitied. A certain writer has said: "Every man's task is his life-preserver. The conviction that his work is dear to God, and cannot be spared, defends him." And we are fortunate in that we cannot in this life, as a rule, get free from the compulsion of hard work. The reward of hard work is more work. Let us rejoice if God is trusting us with such a large share in the conduct of His universe that it takes all the will-power we have to do what He asks .- Great Thoughts.

Facetious Items.

Most single men are homeless, and Less happy than they should be; Most married men, we understand, Are home less than they should be.

Ethel-Why is the turkey regarded as especially appropriate to Thanksgiving?

Bob-Because any one who can afford to buy turkey these days has reason to be thankful.

New Use for a Hyphen.-A teacher in a low grade was instructing her pupils in the use of the hyphen. Among the examples given by the children was word "bird-cage."

"That's right," encouragingly remarked the teacher. "Now, Paul, tell me why we put a hyphen in 'bird-cage'?"

'It's for the bird to sit on," was the startling rejoinder.-Exchange.

Marie-"At the place where I was spending my vacation this summer a fresh young farmer tried to kiss me. He told me he'd never kissed a girl in his life."

Ethel—"What did you say to him?"

Marie-"I told him that I was no agricultural experiment station."-Boston Transcript.

Dr. Phil Graves-What you need is a vacation.

Prospective Patient-I've just come back from one. Another one would kill me.

Old Friend-What! Another marriage? 1 thought the light of your life had gone out. Widower-Yes; but I'm going to strike another match.—Princeton Tiger.

"You owe me a very large bill now," said

the physician, reaching for his hat.
"I know it, Doctor," said the patient.
"This is the last time I'll attend you."

"Oh, Doctor, you don't mean to say Im going to die!"

Difficult.—"I never saw such a man as you are. I really believe you hate yourself."

"Well, why shouldn't I? My mother is English and my father is a German."-Puck.

"Um, yes! Ah!" remarked the medico, in his best bedside manner to his patient as they stood in the consulting room. "I'll give you the following prescription." And he handed him three small packages.

The patient opened them and read the directions.

"A powder for my headache," he said aloud; "a pellet for my liver," he continued, "and a capsule for my gouty foot." Then he stopped and pondered deeply for a moment. "I say, doctor," he queried, "how'll the little beggars know the right place to go when they get inside?"

"Marriage is an education."

"Yes, you have to get married before you know enough not to!"

The Winner.-An Englishman, Irishman and Scotchman made an agreement among themselves that whoever died first should have five pounds placed on his coffin by each of the others. The Irishman was the first to die. Shortly afterward the Scotchman met the Englishman and asked him if he had fulfilled the agreement.

"Yes," said the Englishman, "I put on five sovereigns. What did you put on?"

"Oh, I jist wrote ma check fer ten poonds," said the Scotchman, "an' took your five sovereigns as change."--Argonaut.

Good for Medicine Men .- Admiral Dewey, on being complimented on his superb health, smiled and said: "I attribute my good condition to plenty of exercise and no banquets. One-third of what we eat, you know, enables us to live."

"In that case," said his friend jestingly, "what becomes of the other two-thirds?"

"Oh," said the Admiral, "that enables the doctor to live."



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THE RELATION OF DENTISTRY TO **NEUROLOGY.***

By Christopher C. Beling, M. D. Newark, N. J.

Many nervous affections are dependent on disease of the teeth. Until recently they have not been sufficiently recognized, and our knowledge concerning their relationship is still incomplete. A large group of these affections are reflex in character. They commonly arise as the result of irritation of one or more of the dental nerves producing an alteration of function in some other portion of the nervous system.

The reflex phenomena dependent on affections of the teeth are pain, tonic muscular contractions, muscular paralyses, and involvement of some of the cranial and sympathetic nerves. They may follow caries with or without exposure of the pulp, plastic or suppurative periostitis, impaction of the permanent teeth in the maxillary bones, the over-crowding of teeth from lack of room, exostoses, hypertrophy of the crusta petrosa, and nodular growths of dentin in the pulp cavity or in the rootcanals.

Pain is the most frequent of these reflex phenomena. As its prompt alleviation is sought from the dental surgeon or the physician, a clear understanding of the causes producing it are vital for both. As we all know, toothache is due to an irritation of one of the branches of the trigeminal nerve. The pain is at first more or less localized to the point of origin, and may gradually spread and give rise to a neuralgia of the entire side of the face and even extend to the head, neck, shoulder and arm. Why this occurs, soon becomes evident when it

*Read before the New Jersey State Dental Society, at the annual meeting, Asbury Park, July 21, 1915.

is recalled how extensively the trigeminus anastomoses with the cervical nerves and

the sympathetic nervous system.

Small excrescences of dentin occurring within the pulp cavity, dental stones in the substances of the pulp, or fine nodular exotoses on the roots of the teeth may all produce pain in the dental nerves; from the focus of irritation, it is soon spread over a wide area. In these cases, which are not altogether uncommon, medical treatment is often hopelessly applied for a long time, when the diagnosis may be made by the radiologist, and the remedy applied by ex-

traction of the offending tooth.

Metal fillings in teeth ofen impinge on the pulp and cause severe neuralgias that are hard to locate. If dental surgeons would be particularly careful to line the cavity with cement or other non-conducting substance, many of these painful nerve conditions would not occur. They would thus obviate the distressing pain that nature tries to overcome by stimulation of the production of cementum over the point of irritation. The teeth often become hypersensitive and ache from a variety of causes. Destruction of the enamel and involvement of the dentin give rise to sharp local pain, which is particularly accentuated under the influence of heat and cold. When the pulp cavity becomes involved, the pain is then referred to some other region. After the destruction of the pulp, the referred pains cease, and local pains from periodontal involvement take their place.

Neuralgic pains resulting from extention of caries into the pulp cavity seem to have definite areas of reference in relation to the tooth involved. These areas have been demonstrated by Dr. Henry Head. According to him, "each organ in the head stands in relation with one or more areas on the surface." They do not correspond to the distribution of the branches of the trigeminal nerve, and are extremely sensitive to touch, heat and cold. They are ascertained by touching the skin of the face by any blunt point and marking the limits of tenderness and sensitiveness to pain. Over areas involving loose tissue, as the lower part of the chin and neck, the limits of tenderness are ascertained by gently pinching the loose skin. There are "maximum spots" of pain in these areas, which the patient can localize. When the maximum spot is touched, there is often distinct exacerbation of pain from the tooth.

The tender area is only developed after the neuralgic pain has lasted several hours and disappears within twenty-four hours after the diseased tooth is extracted.

The following table taken from Behan's book on "Pain" shows the relation of these reference areas to the teeth. For detailed information, Dr. Head's original work published in Brain (1904) should be consulted:

TOOTH Jane Jaw.

Upper Jaw.

- Incisors
 Canine
- 3. First bicuspid
- 4 Second bicuspid
- 5. First molar
- 6. Second molar

7. Third molar

- Lower Jaw. 8. Incisors
- 9. Canine
- 10. First bicuspid
- 11. Second bicuspid
- 12. First molars
- 13. Second molars
- 14. Lower wisdom

REFERENCE AREA

Fronto-nasal region.
Naso-labial region.
Naso-labial region.
Temporal or maxillary
Maxillary region.
Mandibular region.

Mandibular region.

Mental. Mental. Mental.

Hyoid or mental.

(Hyoid, also in ear and just behind angle of the jaw. The tip of tongue same side is tender).

Superior laryngeal area.

Neuralgic pain in the head, face and neck arises from many causes which are not of local dental origin. Among these are certain constitutional disorders, such as anemia, gout, diabetes, malaria and influenza. "Central trigeminus pain—tic douloureux —either from involvement of the ganglion itself or its internal roots, or as a result of pressure (cerebello-pontile angle tumor, neuroma), often leads to a faulty diagnosis of tooth pains. Many patients suffer from the loss of one tooth after another in vain search of the affected one. After the sacrifice of the teeth the dentist or the physician wakes up to the fact that the disorder is central, and that a grave mistake has been made.

Locomotor ataxia not infrequently gives rise to pains which might be mistaken for those of dental origin. Certain symptoms of this disease are easily recognizable, and may serve to prevent an error in diagnosis. The dental surgeon may readily learn to observe the loss of the pupillary light reflex, inequalities and irregularities of the pupils, anesthesia of the face, loss of the knee reflexes and the disturbance of equilibrium.

Among the physical factors modifying pain, pressure is by far the most important. In many instances it is the underlying factor of pain production. Recently there have been statements made by certain members of the dental profession regarding the production of analgesia in the teeth by continued pressure exerted at some distant part of the body, particularly the fingers. This method has been used, as I understand, for the production of analgesia for dental operations. As far as I am aware, no such neural relation of a reflex character has been demonstrated by any compet-

ent neurologist.

The so-called deadening effect has to be explained along an entirely different line. The factors modifying the production of pain are psychical and physical. The psychical factors are connected with emotion, consciousness, suggestion, diversion of attention and expectation of pain. "Pain may often be eased by concentration upon some other object, or by self-pursuasion (autosuggestion) and pain is not present. version of attention is important. When a patient's attention is drawn to some object and he is entirely engrossed with it, he has two centers (sensory), which are active, as a consequence of which neither is apt to be as sensitive as if acting alone." Thus pressure exerted on the fingers diverts the attention of the patient, and the sensory stimulation of the tooth is not felt so keenly and recognized as pain.

Associated with disease of the teeth are certain muscular conditions. These are either of reflex origin, or due to indirect irritation from the absoption of toxins. As a result of irritation of the dental nerves, the facial muscles may be thrown into a state of reflex tonic contraction. muscular spasms generally subside when the source of reflex dental irritation is removed. If long continued, changes take place in them leading to a more or less chronic hypertonus, with which are associated occasional vague facial pains. facial muscles may also be indirectly affected through the absorption of toxins from septic foci in the teeth and their irritant action upon the connective tissue elements.

As a result of fibrous hyperplasia, the delicate nerve-muscular mechanisms are pressed upon, pain is produced, and the muscle tone is increased. With systemic infection this condition of fibro-myositis or fibrositis may spread to the other parts of the body, and give rise to aches and pains of a more or less intense character. While they may fe readily relieved by local and general treatment, they are apt to recur from time to time, if the exciting cause is not removed.

Time will not permit me to take up the consideration of other reflex disturbances arising from the teeth.

Another group of disorders are those dependent upon direct involvement of some of the cranial nerves. Inflammatory lesions caused by diseased teeth may involve the motor facial nerve, the orbital nerves, and the trigeminal. In affections of these nerves, dental disease must be borne in mind as an etiological factor.

Some of the manifestations of syphilis. which come under the observation of the neurologist, are also of interest to the dental surgeon. In congenital syphilis the teeth are deformed and present certain characteristic appearances, which been described by Jonathan Hutchinson. They are peg-shaped, stunted in length and breadth, narrower at the cutting edge than at the root, with well-formed enamel on the anterior surface and a notch at the cutting edge. According to Fournier Darier, the first permanent molars show an imperfect formation of enamel on the crowns and a growth of the softer dentin into irregular projections. On account of this, these teeth decay very early. As they appear before the permanent incisors, they may furnish a valuable help to diagnosis.

In the later stages of syphilis, and particularly in tabes dorsalis, the alveoli and the jaws may deform rapidly, and the teeth fall out. During these changes, the fiting of dentures proves unsatisfactory. This is another reason why the dental surgeon will find it to his advantage to learn to recognize the disease from the cardinal symptoms, which have already been given in this paper.

In an industrial city like Newark one often sees peculiar gross appearances of the teeth, due, no doubt, to occupational influences. Workers exposed to the effects of mercury and arsenic are more prone to

suffer from putrefactions of the gums, which induce pyorrhea and oral sepsis.

A man of fifty-eight years of age, who had been a worker in copper for twentynine years, was recently sent to me by his physician. He was suffering from mental depression and neurasthenic symptoms, occasional glycosuria and visceroptosis. There was a heavy, lustrous deposit of a greenish-brown color on his teeth, but no evidence of sepsis, caries, or recession of the gums. He had never taken any care of his teeth. In his case it is reasonable to conclude that the copper salts had a prophylactic influence against the occurrence of caries and oral sepsis. This also emphasizes the fact, well recognized by the dental profession, that copper amalgam has a beneficial and preservative action in the

prevention of dental caries.

As a striking contrast, I shall cite the case of a patient I recently saw in consultation with Dr. Brien, of Orange. A strong, well-built man, of German birth, fortynine years of age, had worked as a hatter for twenty-two years, and had been exposed to the influence of mercury. He had always been well, except for occasional gastro-intestinal disturbances. During the past four or five months he had complained of pain in his joints and neuralgic pains

diffused all over his body.

For about two months the right shoulder was quite painful and stiff. On the day of examination he complained of severe, paroxysmal pain in the head, so intense that he thought he would loose his mind. His skin was cold, pale and bathed in a profuse perspiration. There was exquisite pain and tenderness at the insertion of the right sterno-mastoid, which was in tonic spasm. The right buccinator muscle was strongly contracted and painful. There was tenderness over the liver, creaking of the large joints, changes in the terminal joints of the fingers and painful induration around the right sacro-iliac joint. clinical evidences of brain or meningeal disease were present. The pupils and re-flexes were normal. The tongue was heavily coated, the flow of saliva increased, the gums were swollen, tender, covered with pus and bleeding readily. Pyorrhea was marked, caries slight. The etiology and indications for treatment were apparent.

Many nervous affections have been ascribed to effects of dentition, particularly diseases of the brain and of the meninges. The fact that painful dentition is associated with these and other diseases does not

warrant the conclusion that there is any immediate causal relation. Dentition itself is a physiological process, and should occur without any disturbance to health. It is, however, often associated with pain and inflammation of the gums and constitution-"The mouth, teeth and al disturbance. gums are a part of the alimentary tract, and they share in the general disturbance caused by indigestible and toxic material in the gastro-intestinal tract." Teething becomes of importance when it occurs through inflamed gums. Gastric and intestinal disturbances are far more potent causes of infantile convulsions. It should also be borne in mind that children who are neurotic and unstable by inheritance are especially liable to convulsions.

Physicians are prone to place too much stress upon dentition as a cause of nervous disorders. There are many who still cling to some theory by which they may explain a causal relation. Some claim that reflex effects conveyed through the trigeminal nerve which supplies the jaws and teeth are responsible; others declare that dentition produces high temperature and consequent chill with catarrhal and inflammatory sequelae; and still others believe that during the period of dentition there is a condition of exceptional susceptibility to various complaints and of general nervous instability, which may be responsible for the illnesses.

The medical profession to-day fully recognizes the importance of disorders of the internal glandular secretory organs in their effect upon the growth, development and integrity of the human body. They must also be of interest to the dental profession. As a result of disturbance of their functions, the teeth may erupt slowly, the gums may become spongy and bleed readily, their vitality diminished, and the soil prepared for the reception of pathogenic micro-organisms. Sajous says, "Impairment of the functions of the thymus and of the adrenals underlies the disorders of nutrition which inhibit the development of the cerebrospinal, nervous and osseous systems during infancy, childhood and adolescence."

There is a condition which not infrequently occurs in children as the result of a failure of the secretion of the thyroid gland. It is characterized by subnormal temperature, impairment of nutrition, dryness of the skin, thinness and coarseness of the hair, and at times even its absence, brittleness and striation of the nails, and retardation of brain development. In this

condition both the first and the second dentitions are delayed, and the teeth are generally deficient in lime salts or other chemical constituents. For its correction, the deficiency of the thyroid secretion must be supplied by a careful course of feeding of the extract of the gland taken from the sheep or other animals. Valuable time is lost in waiting for improvement to take place in the natural course of development. Such treatment will work a marvelous change in a comparatively short time.

An increasingly large group of cases of interest to the medical profession depend upon the remote effects of oral sepsis. Of direct neurological interest are affections of the neuro-muscular apparatus, neuralgia, neuritis, neurasthenia and some diseases of the central nervous system. Alveolo-dental pyorrhea, like syphilis, is a common disease. Every syphilitic does not become a tabetic or a paretic, nor does every possessor of a septic mouth develop a constitutional disease. The potentiality of great mischief, however, is present in both. No doubt the predisposing factors in the one case are as hard to discover as in the other.

It is in this group of cases particularly that a great responsibility rests upon the dental surgeon as well as upon the physician. As Dr. Byron C. Darling has forcibly stated in the conclusion of his paper on "Oral Osteitis in Relation to Arthritis." read before the Central Dental Association of Northern New Jersey, April 20, 1914: "As a first rather than as a last resort, special attention must be paid to the condition of the teeth. Much old and unscientific dentistry, such as bad crown and bridge work and root fillings that are not scientific, must be removed, and the conditions remaining properly treated; failing this, merciless extraction and false teeth, but a clean mouth. Pyorrhea alveolaris is a menace to good health; it is a chronic ulcer of the gum, and finally of the bone, and assuredly a focus of infection. There should be co-operation with mutual recognition of responsibility between the physician and dentist."

In conclusion, may I call attention to a condition of nervous exhaustion which may follow dental operative procedures in the same way as they do general surgical operations. It is known to your profession as dental fatigue. As a matter of fact, it is nothing more than shock, and is dependent upon traumatic and emotional stimuli acting upon the kinetic system, which is composed of a group of organs among which

are the brain, the thyroid, the suprarenals, the liver and the muscles. As Crile has stated, "If the stimuli are overwhelmingly intense, then the kinetic system—especially the brain—is exhausted, even permanently injured. Noci-stimuli are of two kinds, traumatic and psychic. To prevent them not only must the infliction of pain be minimized, but also anxiety and distress must be removed."

STATE CARE OF THE INSANE.

Address Delivered at the Annual Meeting of the Tri-County Medical Society at Newton, N. J., October, 12, 1915.

By Britton D. Evans, M. D.

Medical Director of the New Jersey State Hospital at Morris Plains.

This address is not intended to be either scientific or technical, but rather a plain talk upon a public issue in which the physicians of this State should take an active

and dignified part.

It is a subject about which so much may be consistently said that it is difficult to treat any phase of it satisfactorily and fully and at the same time cover a substantial part of the field. It is a subject of great general interest in which but few display a definite and helpful interest.

A review of the literature bearing upon the history of mental diseases reveals convincingly the fact that mental disorders have afflicted the human race long before the chronicles of so-called authentic history. Psychologists and psychiatrists of the highest rank have traced this grave malady back to the ancient Egyptians and record is found in a papyrus in the British Museum describing with more or less accuracy alcoholic insanity. This same form of mental disorder was exhibited by Noah after indulgence in strong wine. Homer, who wrote in the twelfth century before Christ described delusional insanity. And from that time down the pages of history give numerous descriptions of mental obliquities of a markedly morbid character, leaving it beyond doubt that the human family, as far back as it is possible to trace it, has been heir to what is commonly known as insanity, manifested in unbalanced reason, mental obliquities, mental confusion, furores or manies, melancholia or mental depression, epileptic seizures, arrested mental development, etc.

The different writers have described the various forms of mental disorders each in

his peculiar manner, but their descriptions leave no doubt of their recognition of the existence of insanity interwarped with the history of the human race.

This unfortunate legacy comes down to the present day and confronts us with a problem of a most serious character and responsibilities of great proportions, involving all the factors which enter into the causation of mental irregularities, and we are called upon to consider conscientiously all phases of this problem wherein it imposes upon us the duty of treating this class of sick scientifically, observance of the most enlightened laws of public charity and the protection of society. This is not a spectacular proposition nor a theoretical obligation. We have insane persons in every community; they cannot be disregarded; they are citizens entitled to respectful consideration. Any attempt to ignore our responsibilities in providing for this class would signify a retrograding in the principles of brotherly love, of public welfare and of Christian philanthropy.

It is impossible to enter into minute details in a discussion of the subject on this occasion. It will be sufficient for our present purposes that we recognize fully that there are in the State about three insane persons to every one thousand of population and that as physicians it is our duty to impress upon the general public the gravity of the situation. I feel in addressing you relative to the State care of the insane, that I may be able to bring to you a message at an opportune time so that you may be able to take an active part in a work of great con-

cern to this commonwealth.

At the last session of the Legislature a joint resolution was passed designating a commission to draft a bill to be presented to the coming Legislature. The title of this resolution is:

"Joint resolution for the appointment of a designated commission to report to the next Legislature a bill, or bills, revising supplementing and amending the laws of this State relative to the hospitals for the insane and the commitment to care and maintenance therein of insane persons."

This commission is composed of six physicians, two lawyers and three laymen, all men intimately connected with the care, commitment, treatment and maintenance of the insane throughout this State.

The physicians of this State should take much interest in the preparation of this contemplated new law which is intended to supercede all laws upon the statute books bearing upon the care, treatment, maintenance, commitment and discharge of insane persons. The commission will naturally appreciate suggestions from the general practitioners throughout the State and these suggestions may be sent to the Attorney General's office at the State House in Trenton.

The leading part in the care of the insane throughout this country has been taken by physicians; and be it said to their credit that the public institutions for the insane of the United States are in the front rank throughout the civilized world; unfortunately being in the front rank does not mean that this work is being conducted without defects and shortcomings. It does not signify that the insane are housed in buildings perfect in architecture or that such buildings are supplied properly with facilities, physicians, nurses and scientific equipment to give the highest order of results.

There are in the State of New Iersev between 8,000 and 9,000 insane persons and epileptics who are under State care. This does not include those who are in private institutions, those in almshouses or those being cared for at their homes. It may be safely stated that there are in the State of New Jersey 10,000 persons suffering from mental diseases, epilepsy with pronounced mental disorder, feeble-minded and idiots. There are about 8,000 insane persons in the The care, treatment and maintenance of these imposes upon the State a burden of no small proportion; but it is unfortunate that the cost of maintenance should be so frequently held up and made to appear as a terrible sacrifice without due consideration of the reasons for the commitment and detention of this class of afflicted citizens.

It is of the highest importance that we should bear in mind that the 8,000 insane and mentally defective persons under institutional care do not voluntarily throw themselves upon the State for support; nor do they of their own volition qualify themselves for inmates of our institutions. It is well to consider what are the cardinal reasons for the establishment of institutions for the insane and for the detention of persons of unbalanced mentality therein.

There are two cardianal reasons:

I. As a police measure for the protection of the social equilibrium and the protection of society against such crimes

and depredations as are naturally the outcome of disordered minds.

2. To protect the persons so diseased or afflicted against themselves and subject them to an order of care and treatment for the purpose of restoring them to healthful mental balance or for the betterment of their health.

The commitment of this class of our citizens to institutions for care and treatment means that they are deprived of a constitutional right—*Liberty*—because of disease, which in turn makes it imperative that a tender, humane and scientific care be given them. The very fact that the State assumes the right, for the protection and welfare of the public, to deprive such persons of their liberty carries with it the bounden responsibility of properly maintaining and caring for them. The failure to meet such responsibility and to honorably and generously fulfil such obligations would signify a misconception of what is meant by public justice, and a wanton dis-regard of the principles of public charity and the brotherhood of man.

Institutions for convicts and criminals should be sanitary and conducted in an orderly manner; they should also have accommodations sufficiently ample to make over-crowding impossible; and they should be of such a character as to provide facilities for a government of discipline consonant with the laws of humanity and the dictates of an upright conscience. And I believe that it is a fair contention that if it be the duty of the State to judiciously and magnanimously provide institutions for its criminals and convicts and maintain them in a manner that will guarantee classification, a high order of discipline and the protection of the life of its inmates, it is clearly the bounden duty of the State to properly provide institutions for the insane and of such proportions that will guarantee to this order of afflicted humanity the form of treatment and grade of maintenance to which they, as unfortunate citizens, are entitled.

I think that this contention is so clearly sound and so widely accepted that it needs but little elaboration. I feel confident that the thinking people of the State endorse this contention. I have not been unfortunate enough to meet any physician who has the least knowledge of institutional necessities which arise from the care of the insane who takes issue with me upon this point.

I am especially prompted to bring this

matter before you for the reason that the State sorely needs at this time further provisions in the way of buildings for housing its insane.

The State Hospital at Morris Plains has in it at this time 2,642 patients. The normal capacity of that hospital is 1,650. By normal capacity, I mean, that with its present buildings it can properly accommodate 1,650 patients so as to provide for them an orderly classification which is essential to proper management. With 1.650 patients the sanitary conditions of the hospital could be easily kept in first-class condition; in case of fire the patients would be subjected to only the minimum danger of loss of life; and should an epidemic of disease break out the officers could, with a population in keeping with its housing capacity, segregate, properly treat and prevent a general infection; but with 2,642 patients crowded into buildings only designed to accommodate 1,650, satisfactory classification is made impossible, the principles of sanitation are unavoidably violated and 500 patients are forced to sleep on cots in the corridors.

These conditions demand action. The Legislature, I believe, will be largely guided by the voice and opinions of the physicians of this State, and it is for this reason that I present this matter to you in all of its seriousness and ask you in behalf of the State itself and in behalf of those suffering from mental maladies, the greatest and most serious of all that come to mankind, to take upon yourselves the commendable responsibility of using your best efforts to bring about relief and to better the existing conditions.

It is unfortunate that the very nature of mental diseases makes it expensive to house such patients and care for them. But there is no way for the State to avoid this responsibility; in no way can she, with credit to herself, let this crying need go unattended to.

It is impossible, in a limited time, to lay before you all the features and impending calamities which are associated with this much-regretted condition in this largest public institution of the State. It is growing worse from day to day and year to year.

The State is increasing in population; it is increasing in wealth; but it is also increasing in its number of insane. This increase cannot be attributed to the fault of any person or set of persons. It is a con-

dition which confronts us such as confronts other States in the Union. Help must come or sooner or later a most serious calamity will result.

The persons who are afflicted mentally are unable to petition in their own behalf; the very nature of their diseases prohibits them; the loss of their liberty robs them of making an appeal; it is, therefore, an honorable duty that the physicians of this State should gird up their loins and buckle upon themselves the armor necessary to bring about with all their great influence as a united body, the relief so much needed.

In 1892, when I took charge of the work at the State Hospital at Morris Plains, there were 939 patients in that institution; there are now 2,642 patients. For the last ten years the increase has been about 100 patients annually. These facts show the necessity of prompt attention to the matter of making further provision for housing the insane of the State. An institution for the insane cannot be built in a few months. The history of the construction of hispitals for the insane shows that it usually requires from three to four years and sometimes much longer. Therefore, if the building were begun at once it would be three years before substantial relief would be given and in that time 300 additional patients will be placed in the hospital at Morris Plains, increasing to that extent the already calamitous over-crowding.

I desire to say to you in this connection that if the physicians of this State should at any time unite solidly in support of any proposition which is clearly in behalf of public health and public welfare and devoid of partisan politics, there is no force that can defeat them and I doubt that there is any appreciable force that would desire to do so.

There can be no more beautiful expression of magnificent manhood than a conscientious labor to help one another, and especially to help those who because of disease are rendered incapable of caring for themselves. The record of our profession has through centuries been characterized by just this order of work.

I ask you most earnestly to take your part in continuing in this high order of effort for the benefit of mankind which has made our profession a noble one and holds it steadily worthy of the place it holds among benefactors of mankind throughout the world.

CONTUSIONS OF THE ABDOMEN.*

By Joseph A. Maclay, M. D., Paterson, N. J.

With the exception of frequent mention of rupture of the spleen and kidney as a result of severe injuries to the abdomen, theliterature is surprisingly lacking in reference to contusions of the abdomen per se in their relation to rapid and remote effects, and only in the very latest editions can the subject be found treated with the consideration due such dangerous conditions. It is my desire to bring more forcibly to the attention of the profession the necessity of proper respect being given to these often insidious and disastrous in-

juries.

I know of no traumatisms the effects of which are so apt to be overlooked as those of the abdomen. People are more or less used to receiving blows in this region, and unless amounting to something out of the ordinary, one is hardly likely to consult a physician about it. Especially is this true of athletes. Blows of the abdomen are distributed in the soft parts, large areas feel sore and are tender for a while, but generally feel better with a little rest. Black and blue marks of the surface may not take place. Often it is surmised too late that the obscure picture presented at first has been misleading and the results found at subsequent operation or autopsy are out of all proportion to the character of the force applied.

As no one can make an absolutely accurate statement as to the effect of any contusion of the abdomen without a view of the belly cavity, only when a bold course is taken to work against possible trouble can the surgeon hope to get ahead of these injuries. To wait for symptoms is to invite disaster and it would seem the only way to arrive at anything near a proper idea of the damage is with a full valuation of the history of the accident and circumstances attendant. If a proper history is not forthcoming then it is better to err on the safer side of recommending an exploratory laparotomy than to take chances blindly the other way. This may seem radical. It certainly is advancing beyond anything the text books say on this subject, as even the more recent references countenance a few hours delay, but acknowledge that this is dangerous. From a meagre review I will endeavor to make my point clear and will try to fix it by reference to personal experience.

Dr. Claybrook, in calling attention to "A New Diagnostic Sign in Injuries of the Abdominal Viscera," opens his paper with

the following:

"There is no condition that the physician is called upon to face that calls for better judgment, or causes him more anxiety than those cases in which there is ground for the suspicion of internal injury. In these cases the surgeon is often at loss to decide whether the conditions warrant an immediate laparatomy or a policy of watching and waiting." He further says: "In my experience, in this class of cases, I feel that if we wait for the classical symptoms to appear, the patient will be in such shape when operated upon that recovery will be the exception rather than the rule."

He then calls attention to his sign, which consists in the transmission of the heart and respiratory sounds, in cases of rupture of the bowel without external evidence of injury, so they can be heard all over the abdomen almost as well as over the chest. He states that this sign is present in all cases of sudden rupture in the abdomen and he has found it in a number of cases of different character. This, as far as I know, is the only definite attempt to diagnosticate ruptures of the abdominal viscera within a few minutes to a half hour after occurrence, short of a laparotomy. Moynihan' verifies this sign. I have been able to verify it and must conclude that it is a sign we all should have in mind when confronted with an injury of the abdomen.

Moyniham³ in his latest edition of "Abdominal Operations," has an excellent review of the subject under discussion, quotes many statistics, acknowledges the difficulty of diagnosis and says: "The reckless opening of the abdomen in all cases where any severe injury has been sustained is not to be condoned," and further, he says: "A discrimination of the cases can be made by attention to the points in diagnosis"; but his statistics would not bear out the latter part of his contention, as all he quotes and the review of cases he gives show the impossibility of diagnosis from even a history of the accident itself, as many of the injuries noted were so trivial and the resulting symptoms of such insignificance as compared with the actual damage, that one would be a wizard indeed to diagnose the intra-abdominal

^{*}Read before the Bergen County Medical Society, June, 1915.

rupture in any time sufficiently near after the accident to call for laparatomy with the expectation of favorable result.

Dr. Littig', before the Western Surgical and Gynecological Association in 1909, reported four cases of contusions of the abdomen with a view of giving the indications for early operation. He quoted an investigator named Hertle, who says that 52% recover when operated within the first six hours, but only 7% when operated during the second twenty-four hours. His conclusions as to the value of a clear history and description of the exact character of the accident as being of "considerable value," I would consider to be short of the mark, as it is on these very points I consider judgment should be made. discussing the symptoms and diagnosis of abdominal contusions he says that if there was a contusion of the abdomen and if the muscles were rigid, one should operate. He calls attention to a board-like rigidity of the abdomen as the main indication for operation. Granted a case of abdominal injury, in which one waited for board-like rigidity before operating, it will be apparent that a large percentage operated with this condition must die, because board-like rigidity is but a sign of general peritonitis. I believe we should base a recommendation to operation on the history of the accident, the character of the blow, its direction, the position of the recipient and the probable condition of the intestines at the time, as to whether full of or free from food.

In the discussion of the paper by Dr. Littig, Dr. Oviatt⁵ reported a case of a man who was struck in the right iliac region with a board from a circular saw. Rigidity was marked from the start, but other symptoms did not develop for forty-eight hours. Operation was refused and the patient died. Autopsy revealed that the caecum was torn loose from its attachment, with a hole in the bowel. No symptoms which would seem to call for immediate operation presented for thirty-six hours and yet the case emphasized the importance of operating carly.

portance of operating early.

One of the cases I shall report is almost identical with the above and, incidently, I want to digress a moment to call attention to a type of industrial accident dangerous in the extreme, i. e., the sudden throwing backward of a plank while being cut by a buzz saw when it is released from constant pressure against the cutting edge. That this throw back is of great force can easily be surmised from its effect as noted here

and that such accidents have probably been the cause of many fatalities can not be doubted, occurring as a rule in out of the way places and falling in the care of physicians in the country whose experiences are not apt to be reported. Gage collected 85 cases of rupture of the intestine and 6 of them were caused by this type of accident. Makin's series of 21 cases showed one to have been produced in this manner.

Several years ago I was called hurriedly to see a small boy who had been riding on the back of an ice wagon. A cake of ice fell off, knocking the boy down and falling across his abdomen. He was in a condition of shock and, considering the possibility of internal rupture, I advised operation at once. Dr. Parke, then attending at St. Joseph's Hospital, performed a laparotomy and found the caecum was torn through its peritoneal and muscular coat, the unruptured mucosa protruding. There was free blood in the abdomen and the wound was still oozing. Had this boy not been operated he undoubtedly would not have died from the immediate effects of the injury. but who can tell what subsequent effect the formation of scar tissue, adhesions, contracture or stricture would have made at this point, to say nothing of the possible spot of irritation wherein cancer might have started?

This leads to a consideration of the more remote effects of semi-rupture of the abdominal viscera as a location for cancer. In this connection I can quote the case of a woman whom I operated for cancer of the caecum some years ago, whose condition was undoubtedly accounted for by a blow with a heavy cane in the none too carressing hand of her late lamented husband, who, during a family "jar," brought the cane heavily across her abdomen. This was followed by a period of rest in bed, with much distention and vomiting and the surface was black and blue, all over the abdomen and down the thigh. was directed over the caecum, which several years later was the site of cancer. Dr. Magennis' reported before this society recently the case of a professional ball player from whom he had removed the caecum for cancer. While the history in that case was not definite, the man said he had been subject to many blows from thrown and batted balls and collisions against his abdomen in the course of the daily playing. Who can doubt but that some one of these injuries was the cause of a break in the continuity of the caecum, offering a place

of irritation for the subsequent growth of cancer cells?

On Labor Day, 1914, P. F., 20 years old, who lived in the suburbs and worked in New York, arose hurriedly to catch a train for the city and as he was late, had only a cup of coffee for breakfast. Worked all morning, hurried home and without lunch went at once to the ball ground to play with As he was guarding second base, with a runner on first, the batter knocked a grounder toward him. He leaned forward to receive it when the runner from first in jumping to slide feet first toward second base, kicked against the abdomen of this youth, directly over the region of the spleen. He was "knocked out," Dr. Levitas was called and found the patient in a condition of shock, with abdominal pain especially over the region of the spleen but no external evidence of injury. Pain became greater after the patient had been removed to his home, rigidity and distention followed, slight vomiting, but no increase in temperature. Dr. Levitas made a diagnosis of rupture of the spleen but the conditions were not alarming, so it was not until forty-eight hours later that the patient could be persuaded to accept operation. Laparotomy disclosed the belly cavity full of blood and the spleen torn, but of course, not to the extent of extreme bleeding. I removed the spleen and the patient made a good recovery.

There came into the surgical ward service of the Paterson General Hospital a young man who, just after having had dinner at noon had been run over the abdomen by a light delivery express truck. He was a very muscular specimen and complained but little. There were a few scratches on his abdomen. Pulse and temperature normal. He was seen within half an hours by the attending physicians and myself. In view of the history, I felt that the abdomen should be opened and so advised. The attending physician concluded to await symptoms and when the man was seen the following morning the abdomen was markedly distended and rigid but still the patient was in fairly good condition. Laparotomy then disclosed the belly cavity full of sero-pus and undigested food. A tear in the jejunum was found, out of which was coming bowel contents. The tear was lengthwise with the gut and about two inches long. It was closed by suture and the abdomen drained. The man died several hours later of an overwhelming

septic general peritonitis.

A few days later a man who had been hit by a flying shuttle was brought into the same service. The blow had struck directly over the area of the spleen and there was marked rigidity on that side. In view of the experience with the previous case, exploratory laparotomy was advised but refused by the patient. He went out against advice in a week and nothing further has been heard of him. A history of an accident like this might be easily overlooked if a case presents with symptoms of chronic splenic changes or cancer of the intestines in that region, after several years have elapsed.

On a Monday morning, J. W. carpenter, 30 years, had breakfast at 7.30 A. M. At 8.30 he was cutting a plank with a buzz saw. His attention was distracted, he released his hold on the plank, it jumped back less than three feet, hitting him in the right iliac region and thigh. The blow did not break the skin but knocked him out, he was compelled to lie down and later rode home. Dr. Levitas was called and found him complaining of a great deal of pain in the right testicle. No shock; no rigidity. There was an old right inguinal hernia, which was reduced. Hot applications were applied. Next day the patient felt well and when the doctor visited him he did not consider that he should call again. However, Dr. Levitas had different views, and the following day, or a little over forty-eight hours after the accident, he again called and noticed rigidity of the abdomen, with the hernia apparently incarcerated. I was called to see the case, found the man propped up in bed, temperature and pulse normal. He was reading the paper. No pain complained of but the abdomen was very rigid and there was an apparently irreducible hernia on the right The abdomen was not bruised and there was only a slight scratch on the thigh. My conclusion was that a tear in the gut had been sustained, that peritonitis was present and the hernia could not be reduced on that account. The man complained so little that I doubted my own diagnosis. Operation was recommended, accepted and he was transferred at once to the Paterson General Hospital. Laparotomy 56 hours after injury. An incision was made in the hernia sac but instead of gut, purulent fluid and masses of necrotic material were found. Diagnosis then being certain of ruptured intestine, the belly was opened higher up, found full of inflammatory exudate, fecal material and fluid pus.

A rupture of the ileum at its mesenteric attachment was found about two feet from the jejunum. The mesentery and gut were gangrenous, the gut being the site of many small perforations along this line for a distance of six inches. Tube drainage of the intestines was made and additional drainage of the peritoneum made on the left side. The man never developed increase of pulse rate or temperature until the day before his death five days later, which was seven days after his injury. The tissues were dry and even the peritoneum lacked secretion, the wounds being covered by a dry exudate. I would have been pleased to see the development of freely running pus in this case but it did not materialize. consider death was due to an overwhelming toxemia which the patient was unable to cope with.

In conclusion I would say that as practically in all cases of complete rupture of the intestines, the patients die if not operated, it is necessary to take extreme measures to meet these conditions. It means emergency surgery in the highest sense. In a collected series of 376 cases, those operated within the first four hours showed a mortality of 15 per cent. Cases operated in the second four hours gave mortality of 44 per cent. Cases recovering, operated after the first eight hours can almost be classed as accidental recoveries, the chances are so much

against them.

The nature of the contusing force is important and following is a list of some accidents which have caused serious trouble: Horse kicks; falls; kick by man; run over by vehicle; squeeze between buffers; pinning body against wall by auto, wagon or shaft; struck by weight falling; wood thrown from circular saw; driver striking against steering wheel in auto crash; fall

and striking truss.

In the diagnosis of the effect of abdominal contusions the minutest details must be considered in the history. The time of accident in relation to digestion, the position of the patient when struck, the force and character of the blow, whether the force is the same as one which has produced severe injury in others, are of more consequence in helping to form an opinion than the subsequent physical signs and symptoms. It is safer to err on the side of favoring an exploratory laparotomy than to merely guess that everything will be all right. Claybrook's sign should always be thought of, and when found in cases of contusion of the abdomen, should make operation imperative. To even wait for the classic sign of board-like rigidity is too late in the majority of instances. To wait symptoms generally means to wait for death.

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URTICARIA IN CHILDREN.

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The frequency with which urticaria in children is mistaken for one of several other dermatoses by the general practitioner, has prompted the writing of this paper. Not only from an academic point of view, but also from a prognostic and therapeutic standpoint is it important to make

a correct diagnosis in these cases.

To the majority of physicians the term urticaria brings up a picture in their minds of an eruption consisting entirely, or for the most part of wheals, that is, circumscribed round oedematous elevations on the skin, entirely erythematous, or containing a pale center, and of a more or less evanescent character. The eruption may occur on any part of the body, and is usually accompanied by intense itching. This, in brief, is a description of the classical type, and this form usually offers no difficulty in diagnosis.

In children, however, the eruption very often departs from this type, and then we may have a condition that is more difficult of diagnosis. The vaso-motor disturbance may be so marked that instead of a simple circumscribed oedema, we may have a cellular exudate in the skin giving rise to small sized papules, which are rather hard and firm, and which usually itch intensely. So that when the child is brought to us we may see numerous papules scattered over the trunk or extremities or more generalized. Many of these papules are covered by a small bloody crust as the result of scratch-When the irritation is more intense, the serous exudate collects in spaces between the layers of the skin, and we then

have a vesicular or bullous form of urticaria. This type is sometimes mistaken for varicella. The physician should remember, however, that varicella comes out in crops, that there is usually a less marked erythema about the varicellar vesicle, and that in varicella there are usually to be found vesicles on the buccal mucous membrane. The urticarial vesicles do not go on to pustulation, but dry up, leaving a small crust. Scarring does not occur, while varicella very often leaves some slightly pitted scars.

The papular type of urticaria is often mistaken for a papular eczema or for scabies. A papular urticaria which is accompanied by intense itching may develop into a pustular eczema. This is a secondary condition and is caused by infection of scratch marks. Usually one or more wheals will be noticed, or can be produced by scratching the skin. The history may also help in arriving at a diagnosis. Cases of papular urticaria are sometimes excluded from school because of a mistaken diagnosis of scabies. It may be of help to remember that scabies usually occurs on the flexor surfaces, on the palms and soles, between the fingers and toes, on the anterior axillary region, on the buttocks and abdomen and on the penis in the male; while papular urticaria prefers the extensor surfaces and is irregularly scattered over the body and face. I have never seen scabies on the face. Of course, the pathognomonic sign of scabies is the "burrow," that is, the channel made by the itch-mite in burrowing through the skin. This sign, however, is difficult to find as the scratching and pustular infection tend to obliterate these channels so that the diagnosis of scabies is usually made from the location of the scratch marks and pustular lesions. Moreover, the itching in urticaria is not confined to any particular time of the day or night, while that of scabies is nearly always more marked in the night time.

The importance of differentiating papular urticaria from scabies lies in the fact that the former is not contagious and, therefore, the child need not be excluded from school. From a prognostic and therapeutic point of view it is also important to differentiate the two conditions, as scabies is very amenable to treatment, while the papular urticaria is much more resistant and may develop into a chronic and almost incurable condition known as prurigo.

Prurigo is a skin affection which, according to Hebra, begins in the first year of

life. The disease begins, apparently, as an ordinary urticaria involving chiefly the extensor surfaces of the arms and legs, and is accompanied by intense itching. As the result of constant scratching with consequent infection, there develop numerous pale inflammatory papules, pustules and crusted lesions. The inguinal glands become enlarged but not painful. Mild forms of this disease may last for several years and then disappear, while the severer cases usually persist throughout life. The skin on the extensor surfaces of the extremities becomes pigmented, harsh and thickened, so that it is difficult to pick it up in a fold. Prurigo occurs among the poorer classes, and in this country it is observed mainly in immigrants. In Europe this disease is fairly common, and I have seen many of these cases in the clinics of the larger European cities.

A superficial examination of a case of prurigo might lead to a diagnosis of scabies or pediculosis, but closer inspection and the history of the case will help in arriving at the correct diagnosis. I have already mentioned the distinguishing features of scabies, and as for pediculosis, I wish to remind the reader that pediculosis usually involves the trunk and less often the extremities. A very characteristic feature of pediculosis corporis is the occurrence of linear scratch marks between the shoulder blades. If the child comes to you with newly changed underwear you may not find any pediculi, but the location of the scratch marks will aid in making the diagnosis.

Recently I saw a case of prurigo in a child whom the visiting physician excluded from school with the diagnosis of scabies; this, notwithstanding the fact that the mother had assured the doctor that the patient had had the disease for several years, and that no other case had developed in the family. When the patient was referred to me I went over the case with the doctor and convinced him of his mistaken diagnosis, not, however, before the child had lost a week or more of school.

Urticaria pigmentosa is a rare condition which begins early in infancy. The eruption consists essentially of macules and wheals, which after several weeks duration become pigmented. It may last several years. Itching is quite marked, and new wheals can readily be produced by slight irritation of the skin. The eruption is found most often on the trunk, but may also exend to the extremities. Treatment has very little effect on the condition.

The treatment of the ordinary urticaria usually offers no difficulties. It is, of course, of primary importance to ascertain the cause. In the summer time urticaria in children is very often produced by external agents, such as the bites of mosquitoes, flies and bed bugs. These insects may cause a very severe reaction. The treatment should of course be directed towards the removal of these pests, and locally some anti-pruritic lotion may be applied. A 1% to 3% phenol and glycerin solution in water may be applied with benefit; also the well-known calamine and zinc lotion with phenol. Sometimes a weak dilution of vinegar is beneficial. When the greater part of the body is involved the bran or starch bath is very soothing. In papular urticaria with more or less accompanying eczema, soothing ointments are better than lotions.

When the urticaria is due to some error in diet, the gastro-intestinal canal should be cleaned out. Calomel, followed by castor oil or a saline is good as a routine method of treatment. Some people develop an urticaria after ingesting certain foods, as lobsters, strawberries, etc. The eruption in these cases is really a symptom of a mild form of anaphylaxis, and avoidance of such foods is the only remedy.

In more chronic forms of urticaria I find that calcium lactate or calcium chloride is of benefit. Quinine, the salicylates and pilocarpin are useful in some cases. These remedies are, however, more or less empiric and cannot be relied upon for routine administration. Good food and change of environment sometimes give the best results.

THE CLEANING OF A HAND.

By Gordon K. Dickinson, M. D. Jersey City, N. J.

As we look with perspective into surgery and estimate the standards of the profession as they loom up from time to time in its history, we will perceive a close relationship between individual character, personality and surgical success.

The old-time surgeon, as history writes him, was more generally one very thoughtful of his appearance, who groomed carefully, who was mindful where he placed his hands and what he did with them, who was particularly neat and clean, and in his social as well as in his professional life systematic cleanliness was a habit rather

than a technique. He was ever aware that his hand, though directed with sympathy and gentleness in his purpose of promoting health and restoration, carried a con-

stant danger of infection.

Tait says of Syme, "Personally Syme was the personification of the best type of gentleman, always perfectly dressed in his old-fashioned way, and as clean as a new pin. From his boots to the top of his head no one ever saw dirt, disorder, or the appearance of hurry. He was always washing his hands. I think I may say he washed them every time he touched a patient. His assistants had to be like him, and his old-fashioned nurses were noted for their tidiness and cleanliness everywhere. operated for aneurisms, removal of the whole lower jaw, operated on the oesophagus, consecutive ligatures of the femoral artery for aneurism, numerous perineum sections, not one of which died, all without a single antiseptic, but with a detailed care for asepsis, which was, perhaps, as great as to-day.'

The trinity of danger in surgical work comes from unclean instruments and dressings, an unclean patient and an unclean surgeon. All other conditions are neglible and should be beyond suspicion until these three sources of trouble have been competently and sanely investigated.

One's hand is always in motion, is always in use. In the ordinary course of life the hand has to touch things which are contaminated by dust or by the dirty hands of others. Many attentions to the person

make contamination inevitable.

Door knobs of well-cared-for toilets show positive the colon bacillus. Towels arranged in toilets become contaminated, yet, after washing, we wipe our hands on these laundered towels, laden with dust and the colon germ. When our hands are washed, they are often thrust into the pockets of our trousers, which have been worn for months, and villified by the dirty hand, coins and keys.

It is impossible for even a careful man to avoid frequent and superficial contamination, but, according to one's habit and natural abhorrence for dirt and dirty places, so will he unconsciously keep his hands away from that which is most vile

and most septic.

One can generally tell the future of the young man or the success of the elder by observing him make a dressing, seeing whether he uses his fingers at all in the unwinding of the bandages and the lifting

of the gauzes. There is no more necessity for a surgeon or nurse to touch dressings or wounds unguarded by gloves than there is for an individual to sit at a table

and eat with his fingers.

Until the epoch year of 1880, there were but few surgeons, all of whom, however, were experts. All were alive to the dangers of the profession and to the woeful drawbacks of general publicity. All surgical operations were preceded by a general consultation of a staff of experienced minds. The dangers and fears were such that in order to satisfy the conscience and for legal protection no one was subjected to the knife who had not received counsel from the best. Individual surgery and independence were unknown.

But after 1880 there rapidly developed such a change that we older men hardly recognize the surgery of to-day as part of the surgery of the past. Young men, without great experience, without preparation carefully thought out, trusting to a technique which has become simplified, attack formidable lesions, because simple cleanliness has been found to be the important

factor in safety.

Cleanliness of aramentarium is very easily accomplished, as is also the skin of the patient, but the hand is still a point for dispute. Before 1880, before the time of Lister's pronouncement as to the value of carbolic acid and Koch's discoveries in the development of germs and their relation to disease conditions, putrefaction alone was attacked.

With Lister came antisepsis. From England to Germany the knowledge went and was improved, giving us asepsis.

Back it went to France, and as a result

we have sterilization.

So the technique of hand preparation has varied, and, as man's mind lingers on ritual, so one effort after another has been made to disprove the practical value of each of the methods promulgated. Germs have been studied in the laboratory. Early laboratory methods were incomplete, and the antiseptic carbolic acid, sublimates, etc., were accredited with an efficiency they really did not possess, because conditions existing in and on the hand are at variance with conditions in the laboratory.

In 1880 Koch experimented with threads besmeared with germs. In 1897 Kronig and Paul with garnets, and in 1903 Rideal and Walker with fluids containing a certain amount of germs dropped in solutions of antiseptics. But all this carried an element of doubt because in making cultures one cannot avoid carrying the antiseptic over into the culture medium, whereas, as was once claimed that bichloride in great dilution suspended germ life, it is now known that one to one thousand does not kill the last germ inside of several days.

What is needed for antisepsis of the body and the hand is a germicide which will within a reasonable time—a very few minutes—kill the last germ and annihilate the last spore without producing dermatitis. This is impossible. We have been chasing a will-o'-the-wisp, and digging for the pot of gold at the foot of the rainbow. No hand can be sterilized permanently and not be thrown out of commission.

In 1905 Haegler in a small work most thoroughly demonstrated hand conditions and the relative values of hand disinfection. Using his own hand, he made cultures before and after scrubbing with a boiled soap Then, after vigorously and hot water. rubbing all loose epidermis away with a sterilized towel, he made another test. After using various antiseptics or germicides he again tested, and demonstrated to the eye the impossibilities of surgical cleanliness. He besmeared the hand with India ink, the particles of which are larger than germs, but they could not be removed by the process. He then experimented with patients whose members were to be amputated, putting these members through the same processes, and, after amputation, made sections of the skin, mounted, and examined. The germs were deeper in the follicles than the particles of India ink, but the ink was there and had not been re-

Not only do germs lurk in the follicles, to be pushed out later by perspiration, but also under the finger nails, around the margins, and particularly, according to Haegler, in the minute microscopical punctures

on the pulp of the fingers.

According to Haegler's masterly experimentation we have two layers of germs, that which is picked up by daily contact, which seldom penetrates deeply and can be washed off in large part, and the saprophytic germs of the deep layer that no washing can rid us of and no chemical can reach, and which are practically non-pathogenic.

Idealism should never be stifled. Endeavors should be made to discover some substance which will more completely surgically cleanse the hand than any we have at present, but, as we stand to-day it is wise

to recognize the fact that we cannot elimi-

nate the hand as a danger.

Haegler, Rideal and Walker, and others, have relegated carbolic acid, sublimates, oxalic acid and permanganate methods, hypochloride of soda and Harrington's solution to the category of inefficiency. Some because they do not kill the germs, others

because they kill the skin.

Personal cleanliness, the free application of a boiled two per cent. soap (which the French have shown to be extremely bacteriacidal), and a fifty to seventy per cent. solution of alcohol to lock up, temporarily at least, the remaining germs, seem to be the best so far, unless, perhaps, Unna's recently published method may be worth while. That is, the usual washing, rinsing, and rewashing, then the application of two per cent. soap, which, instead of being washed off is rubbed off with a towel, leaving a surface more or less besmeared with it, thereby inhibiting such germs as may come to the surface later in the operation, and keeping the skin soft, pliable and free from the result of irritation.

But, after all this, we must submit to the irony of limitation and use sterilized rub-

ber gloves.

CHRONIC RHINITIS—ITS TREAT-MENT.*

By Morris J. Weiss, M. D. Bayonne, N. J.

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Having been called upon to write a paper, it has been my intention to choose a subject of the utmost importance to the general practitioner as well as the specialist. This is a most common disease and one of greatest difficulty to contend with, especially as far as treatment is concerned. In order to establish some sort of system, in giving a description of the treatment of this condition, I have classified it into simple catarrhal, intumescent or hypertrophic and atrophic chronic rhinitis.

Before attempting the treatment of any type of the foregoing, it is always best to investigate a thorough history of the patient as to his mode of life, occupation, hygienic surroundings and the condition of his general health. Previous history may lead to important matters and put us on a proper basis of treatment. This brings us to the first important step in the therapy

of simple catarrhal rhinitis, namely, to eliminate the etiological factor. This, of course, depends upon what may be the underlying cause. The next step is to examine the result produced by the above factor and treat according to the condition present.

One comes in contact with various cases, very few simulating one another. Here we meet with the peridulous middle tubinates which hang into the nasal cavity and produce obstruction to free breathing. fact that inflammation is persistent and of a very slow nature, it causes a slow cystic change of the structure of these bones. By pressure, one may ascertain where this pathological change has taken place. Palpation leads us to determine whether or not all of the turbinates are cystic and, hence, where radical treatment is necessary. In enlarged turbinates, one must also be very careful that the mucous membrane is not the only portion of the turbinate involved, for if such is the case, then turbinectomy is contra-indicated.

The constitutional treatment depends upon the cause of the underlying condition and should be treated accordingly local treatment which appeals most to the patient consists of the administration of alkaline solutions in order to keep the mucous membrane cleansed. This also aids the doctor; for if secretions are absent, medication is more readily absorbed. mild cases, solutions containing ichthyol, borolyptol, tannic acid and glycerine are made use of. Where stronger astringents are wanted, such medicaments as solutions containing 2-5% AgNO2, ZnCl3 (3-5%), etc., are used. These bring about contraction of tissue and are usually applied twice a week. In cases where the foregoing have no effect, cautery may be tried, although the objection is that unnecessary tissue is dam-

aged, due to the heat evolved.

Hypertrophic or Intumescent Chronic

Rhinitis—In this cassification, we come in contact with conditions obstructing the nasal cavities whereby surgical application becomes a necessity in order to bring about relief to the patient. However, one must always bear in mind that the mucous membrane is a very important part of the nasal anatomy; and if too much is removed or destroyed, it stands no more chance to become healed than does a marked burn of the thigh without skingraft. If too much mucous membrane is destroyed, a condition

of free breathing may have been establish-

ed but the patient develops a new symp-

^{*}Read before the Bayonne Medical Society, September 20, 1915.

tom, namely, dryness of the nasal cavity.

When beginning treatment in these conditions, alkaline sprays are indicated, followed by oily sprays, consisting of camphor, eucalyptol, menthol and oil of pine. If the above do not relieve swelling of the mucous membrane, chromic or trichloracetic acid may be resorted to, these being in crystallized forms and applied by means of copper wires. Cocaine, used here, brings out the hyperplastic areas very prominently and hence aids us in cauterizing only that tissue which is necessary. As a result, sloughing takes place and the hypertrophied tissue separates from the normal mucous membrane.

The best and safest method is the cold snare of which there are many kinds. Before applying this instrument, the nose is swabbed with a weak solution of cocaine and alfter a few seconds, packed with 10% cocaine and weak solution of adrenalin. The cotton thus immersed, is layed over the hypertrophic area and left there for 15 to 30 minutes. The packing is then removed and by means of nasal scissors, a small incision is made into the turbinate at the base, so that when the loop is applied it will not slip. Gradual traction is made upon the snare and the proper amount of turbinate is removed. Polyps and other tumors are removed in a similar manner excepting malignant tumors.

If the electric cautery is used judiciously, the end results are most satisfactory and it only becomes unpopular when misused—in unexperienced hands. Proper precautions and contra-indications should be considered. The cold platinum point is placed carefully into the hypertrophied tissue, the current then is gradually turned on and left in place for a few seconds. Before the electrode has entirely cooled, it should be withdrawn, otherwise it becomes adherent and bleeding results, due to tear-

ing of tissue.

Scarrification by means of submucous incisions is recommended by some rhinologists for the purpose of dividing venous sinuses. Use of dry, hot air at a temperature of from 70 to 90 degrees C. has been employed by some for the possible promotion of absorption of inflammatory products, but it has only been claimed to do good where the hyperplasia is very slight.

Atrophic Chronic Rhinitis—What a disgusting creature is the patient suffering from this form of rhinitis. Not only to every one he comes in contact with, but to himself on account of the repulsive odor

usually associated with this condition. Of greatest importance is the keeping of the nostrils cleansed for no medication can produce good results unless the mucous membrane is clean. This is brought about by the use of alkaline and oily sprays—the latter used to soften up crusts. After the patient has been instructed to clear his nostrils by moderately blowing, a few drops of iodine of the strength of gr. i to an ounce of carbon oil into each nostril. Astringents, such as solutions of 3% ZnCl2 or 1-2000 of chromic or trichloracetic acid; weak solutions of formaldehyde are useful where the rhinitis is due to an organism producing infection. Powders consisting of zinc stearate may be insufflated after thorough cleansing and drying. Lactic acid bacillus solutions twice a week, have been used with satisfaction in a few cases. The internal use of mucin is also claimed by some as beneficial, advancing the theory that secretions will be stimulated and aid in restoration of gland function. Paraffin injections under the turbinate bodies have been resorted to and the reported improvement seems to favor this treatment.

After crusts have been pretty well gotten rid of, it is recommended that the cavities be swabbed with equal parts of phenol and glycerin, after a weak solution of cocaine has been sprayed over the mucous membrane. The great difficulty with patients who find that crusts in this or any other manner have been obliterated is, that they fail to attend to the cleanliness of their noses and consequently all symptoms of ozoena and crusts return. Together with the local treatment, the patient's other conditions of general health, especially the air sinuses, should be considered and, if necessary, rectified; for with such present, local treatment is of no avail to the patient.

ADDRESS TO GRADUATING NURSES.*

By Frank M. Donohue, M. D. President of the Medical Staff of St. Peter's General Hospital, New Brunswick, N. J.

I do not wish to appear to repeat the statements to which I have given expression every year for the past six years, on the subject of nurses and trained nursing. I think six years a person ought to be able to say all that he wishes to say on one subject, or he ought to stop talking. However, I have been asked to make an address on

^{*}Delivered at the Graduating Exercises of the Nurses' Training School, at New Brunswick, N. J.

this occasion, on the same subject and I find it rather difficult to have anything new You all remember, or at least many of you remember, thirty or more years ago when a trained nurse was a rarity. In every neighborhood there was a good, kind old "granny" who in cases of illness was willing, and only too glad, to give her services in helping to care for the sick. She was not in constant attendance, but went from her home to the home of the sick at intervals during the night and day and administered to the wants of those ill, very often bringing with her a little cup of ginger tea or fennel seed tea, which she would give to the patient without any order from the doctor. These old grannies were good old souls-I remember them with a great deal of pleasure and gratitude, for they helped me out many times in many severe illnesses. Now this is all changed -instead of the good old granny we have these bright, active, alert and educated young women, who have studied diseases, and who have educated themselves to help the doctor in his battle with disease.

I think it was about the year eighteen hundred and fifty-four, during the Crimean War, that Florence Nightingale besought the then Queen of England to allow her to organize a corp of young women to go to the front and help care for the sick and injured soldiers. The request was granted, and this young woman-for she was only about twenty-one years of age-organized a corp of women; went to the front and cared for those who needed care. well she did her work is indeed known. She spent nights and days in the wards of the hospital, devoting herself to the sick and the injured, and proved herself not only a splendid help to the doctors, but a source of cheer and comfort to the sick, so much so that she was called the "Angel of Light." This marked the beginning of scientific trained nursing. Soon the hospitals of Europe began training schools for nurses, then it was taken up in this country, and like all good things has continued to grow and develop year after year-for the good of humanity and for the relief of human suffering.

The training which the young women received in those times was far different from the training which the young women receive now-a-days. At that time they were given only the principles, the rudiments of nursing, but now a young woman who wishes to become a trained nurse has a very

different task to perform.

First, the States of New Jersey and New York require that the young women shall have a high school education.

Second, that she shall have perfect phy-

sical health.

Third, that she shall have a good moral character.

The first requirement is made so that she may be able to understand the many problems which will be presented to her during her course of training, that it may be known that she has a mind which is capable of education and training, and showing by the fact of her having obtained a high school education that her mind is susceptable of being trained.

The second requirement is made so that she may be able to withstand the many hardships which her profession will oblige her to undergo, and enable her to proceed

with her work without failure.

The third, that she must possess a good moral character. There is nothing that shines out more beautifully in young women, or in fact in a man, than to be known and spoken of as a person with a good moral character. Go into the workshops; go into the stores, into the public buildings, and there you will find that the individuals with a good moral character are the most efficient, the most worthy, the most reliable of all the employees. They may have other characteristics which are pleasant or unpleasant, they may have faults, but if they have not a good moral character everything else pales into insignificance before this one.

When a young woman finds herself possessed with these requirements and she wishes to become a trained nurse she makes application direct to the hospital. Here she is received and placed on probation for two months, during this time she is allowed to assist in the nursing in the rooms and wards of the hospital; her character is noted; her deportment with patients is observed, and if she is found satisfactory, she is accepted as a pupil nurse. Here her real work begins.

The course of instruction at St. Peter's

Hospital is divided into three parts:

First, besides instruction—this is given by a trained nurse—pulse counting; temperature taking; bed making; the lifting and handling of patients; the administration of food and medicines, are all taken up during the course.

Second, lectures. These are given by the members of the medical staff. Each member has a subject assigned to him and he

lectures on this subject once or twice a week, as may seem best suited to his convenience. These lectures embrace every department of medicine and surgery.

Third, experience in the operating room. Here the test of their training is brought into play. Two nurses are placed in the operating room under the direction of an operating room sister, and right here, my friends, I wish to make public acknowledgment of the services of the operating room sister at St. Peter's Hospital. For the knowledge of the needs of the surgeon; for the thoroughness of detail with which everything is carried out; for quietness; for precision; for accuracy, and for eveything which goes to make up the perfect operating room, it has never been my pleasure to witness her superior. I have been in many operating rooms in this country, and I have seen many directors of operating rooms, I have never seen one who is her superior, but I have seen hundreds who were not her equal. I say this here because not only the good sister is deserving of having it said of her, but also that the people of New Brunswick may know what a splendid woman is in charge of the operating room of St. Peter's Hospital.

The nurses assist at operations; prepare the dressings; sterilize instruments and assist the surgeon in the operation. This experience to the young women is very valuable, as they see the technique of almost every operation known to surgery. These young ladies have been through all of this. They are about to graduate, and to take up their work among you. I sincerely hope that none of you will require their services, but if you do you need have no hesitation

in calling upon them.

Young ladies, what I have to say to you to-night is on a different topic from that on which you have heard my voice before. To-night I offer you my most hearty congratulations upon your entry into the adjunct profession of medicine — namely, trained nursing. On other occasions when I have spoken to you it was in the class room where we spoke only on the subject of our study. You have studied hard, you have worked diligently, and faithfully, and you deserve fully the diploma which will be given to you to-night with all its rights and privileges. A new life has been opened up to you. You are trained nurses. You are ready to help in the care of the sick and injured—the most noble calling that can come to women, but before you leave, it becomes me as president of the staff to say a few words to you in the way of advice; in the way of encouragement. First of all, never allow a reflection to come upon the institution which has given you the right to practice your profession by any act of yours which is not creditable. Think of your training; think of the time and the effort which have been given to perfect you in your calling by the good sisters, who have had your training in charge; think of the noble example of these good women, who have given up their homes; given up all of their earthly ties to devote their lives to the care of the sick. Think of the debt of gratitude which you owe to these women, which you will never be able to repay, and when you remember all of these things you will find it very difficult to commit any act which might cast a reflection upon them or upon the institution which has given you the right to practice your profession. These good women give all of their services without any compensation, without any hope of an earthly reward, but they expect to receive—and will receive—their compensation when their life work is over. From this you must not gather that I think you should not be paid for your services—"The laborer is worthy of his hire." We all must live, but when you enter the profession of medicine and make money-getting your only object in that profession, I can readily see how soon you will fail in your profession-how soon you will become merely a money-getter.

In the profession of medicine there is some other object to be attained. There is human life to conserve, there is human life to save, there is human suffering to relieve, and it becomes our duty to conserve and to save human life and to relieve human suffering, and let the compensation for these services be an after consideration. We hear within recent years a great deal about the uplift of humanity. We hear it from the platform, from after-dinner speakers, from men who go about making political speeches, but my observation has taught me that those who talk so much about the uplift of humanity do not know what the words mean, or at least do not practice what they are talking so learnedly

about.

If one goes down into the poor parts of a city and finds a poor mother with her little family around her without food; without clothing; without fuel or light and you tell her that you came to extend your sympathy to her, and to tell her how sorry you are for her, and then leave without doing any-

thing in a practical way, to relieve her, you have done nothing whatever to uplift humanity in that individual. She does not want your sympathy, she wants food and fuel and clothing, and if you have done nothing to furnish these your visit to her

has amounted to nothing.

But on the other hand—go into the wards of any charity hospital; there in the dead of night, when all the rest of the world is sleeping, you will find the faithful trained nurse, and the good old doctor bending over their charity patient, doing all that human skill can do to bring back that life to health and usefulness, so that he may take care of and provide for his little family. This is the uplift of humanity that appeals to humanity; that appeals to your finest sentiments; that appeals to God, and this should be a source of inspiration to you and of encouragement to you in your work.

Be loyal to your doctor. Remember the doctor was chosen by the patient, or his family, because they had perfect confidence in him. You were chosen to act as nurse and assistant to the doctor. You have no right to seek to change your position by any act or word. You are to help the doctor in battling against disease and to follow his direction in every particular, and

then your responsibility is over.

During your work you will be obliged to handle various drugs and narcotics, as well as stimulants; you will return to your room for rest after an arduous day with a very ill patient and the temptation will come to you to take a narcotic to make you sleep, or to take a stimulant to arouse you from your fatigue. I warn you to beware of the first dose of a drug taken for the purpose of producing sleep, or the first dram of liquor for the purpose of stimulation, for in these dosages lie the seeds of a most cruel monster which can only end in vour utter usefulness and in your complete destruction as a trained nurse. You know their effects. You know they are remedies, and you also know that they are destructive to every good sentiment of the mind when taken for other purposes than for disease.

I am very certain that our good friend Dr. Riva, of our medical staff, your excellent teacher of materia medica, has told you of their actions not only as remedies but also as poisons to the human body.

Now you go forth—your ship is launched—everyone connected with St. Peter's Hospital has done all that can be done for you, it now remains with you, yourselves

only, to carry out the instructions you have received and follow the examples which you have seen and noted, so that when your career is ended as a nurse, it may be said of you: "She was a splendidly trained nurse, an honest and honorable woman, and she was trained at St. Peter's Hospital."

In closing, I want to read a few lines to you written by a medical man—Dr. Oliver Wendell Holmes—who was much loved and respected by everybody in his community, and by all who knew him. They are very appropriate now, since this terrible war has been raging in Europe.

"As life's unending column pours, Two marshalled hosts are seen, Two armies on the trampled shores That Death flows back between.

"One marches to the drum-beat's roll, The wide mouth clarion's bray, And bears upon a crimson scroll— 'Our glory is to slay.'

"One moves in silence by the stream With sad yet watchful eyes, Calm as the patient planet's gleam That walks the clouded skies.

"Along its front no sabres shine.

No blood-red pennons wave;
Its banner bears the single line—
'Our duty is to save.'"

HALF-FORGOTTEN HEROES.*

By Frederick Wooster Owen, M. D. Morristown, N. J.

We doctors, even the best and brainiest of the lot, are a long way from the "Tipperary" of perfection. We are none of us what we should be; none us what we want to be. Nevertheless, even ten years of conscientious and studious practice of medicine make a doctor as much of a belted knight as though the Accolade had been conferred upon him by a crowned king. And 40 to 50 years of corresponding work as physician or surgeon, while it may never bring an earldom in rank, brings an earldom in character. Eminence in the medical profession is to be accounted for not wholly on the basis of knowledge, or daring. Birth, opportunity, influence, necessity, and even "cheek" are contributing factors. Let it be enough for the humbler men of the profession that the profession itself is an exalted one, and that in the firmament of general

^{*}Read before the Morristown Medical Club, October 27, 1915.

celebrities many doctors figure. Among these, Ambroise Pare', the brave Hugenot physician, to whom the world owes the ligature. Even a bloodthirsty king felt it imperative upon him to protect Pare from the holocaust of St. Bartholomew. His countrymen, Laennec, Nelaton, Tardieu, Pasteur, and many other distinguished French doctors, Virchow, the German propounder of the cell theory; Rokitansky, the brilliant Austrian technician; Linneus, the great Swedish naturalist; Harvey, Sydenham, Lord Lister, and many other bright English stars contribute to the illustrious galaxy.

Benjamin Rush, a student in two worlds, an "accoucheur of the Republic" (as signer of the Declaration of Independence), was a savant, a surgeon general, a pioneer in the temperance cause, and one of the early great lights of American Medicine. Morton, the original anesthetist; Valentine Mott, the father of American surgery; Willard Parker, prince of physicians; the Mayos, who in England would be easily marguises of Rochester; Howard A. Kelly, who would be Baron of Baltimore; Marion-Sims, who ushered in modern gynecology, and was decorated by various foreign potentates; Carroll, of the Rockefeller Institute; Weir Mitchell, brilliant in so many fields; Oliver Wendell Holmes, the poetprofessor of Harvard University; D. B. St. John Roosa, eminent specialist and eminent Christian gentleman; Dr. Nathan S. Davis, who established a great hospital from which alcohol has long been barred, are only samples of what this young Republic could and does contribute, through its doctors, to the commonweal.

Attention may well be drawn to the flexibility of the medical mind. Dr. Crawford, one of the heroes of Fort Sumter during the famous bombardment, became an efficient Major-General, commanding a Division during the battles of the "Army of the Potomac." Dr. Albert J. Myer, while an assistant surgeon in a Western Post before the Civil War, devised the code of army signals and became first Brigadier General and Chief Signal Officer U. S. A., and later, under the soubriquet of "Old Probabilities," Chief of the U. S. "Weather Bureau." Dr. Leonard Wood, U. S. A., commanded with some distinction a regiment of rough riders in the Spanish-American War, and is now Major General, chief of staff of the regular army.

A picture published years ago and entitled "Accouchers of the Republic," portrays five doctors who deliberated in the

first Continental Congress, and, I believe, signed the Declaration of Independence.

To come down to our time, and our town, Dr. Uebelacker was once organist of the South Street Presbyterian Church. Dr. P. C. Barker was a musician of no mean merit, and Dr. Cooper, of Parsippany, for years officiated on Sunday at the organ in the leading church at Boonton. Dr. Gallinger, of New Hampshire, is one of the senior Senators of the U. S. Senate, and there are instances of physicians who have become Governors of States and Presidents of Republics. Dr. LeRoy Milton Yale, of New York City. not only occupied a commanding position in the profession, but exhibited remarkably fine etchings of his own in the National Academy of Design. Oliver Wendell Holmes, M. D., was a professor in the Harvard Medical Faculty, and a poet, and witty poet, as well. His "Stethoscope Song" will long be remembered. In my own travels I met with the manager of a sanatorium who composed an "Ode to a Mustard Plaster." Dr. S. Weir Mitchell belonged to so many committees that he once declared he expected to be "committeed" to the grave. But why travel to Philadelphia for medical wit, when opposite St. Peter's Church in Morristown dwells our friend, Dr. A. A. Lewis, who has often dislocated our ribs with his sallies?

Perhaps the Doctor, who also has so often fought questionable medical practice, will be interested in the following excerpts from the book entitled "The Doctor's Window." The famous Jenner sent to a patient with a present of a couple of ducks the following four lines:

"I've despatched, my dear madam, this scrap of a letter

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To say that Miss Blank is very much better,

A regular doctor no longer she lacks, And therefore I've sent you a couple of quacks."

Or this, by Dr. Wylie:

"Her face, behind the soda fount, May oft' be seen in summer, How sweetly foams the soda fizz When you receive it from her. "While mixing belladona drops

With tincture of lobelia, And putting up prescriptions she Is fairer than Ophelia.

"Each poison has its proper place, Each potion in its chalice, Her daedal fingers are so deft

They call her Digit Alice." Or this, perhaps, to "Doc.":

"Doc was the biggest liar that ever hit the town

An' when it cum to citen' facts, you couldn't pin him down;

But when we larned 'at he hed strayed from sumwhars in the East,

I tol' the boys it wuzzen't rite to blame him in the least;

Fur people thar is mighty apt, ez I hez often stated,

To strech the blanket to us folks because they're eddicated."

Turning, now, to more dignified strains, I

find the following:

"Our mother's voice had hardly ceased, When sudden through the opening door, O'er drifts, the quaint old doctor sprung, And forward fell upon the floor.

"His brow was crusted o'er with ice, And crisp and frozen was his cheek; His limbs were paralyzed with cold; For once, the doctor could not speak.

With genial warmth, and tender care, He soon revived, and said: 'Come Bill, Be kind enough to get my mare, I must reach Martin's, on the hill.'

"Then on again, o'er trackless snow.

Against the biting winter blast,
Without the hope of worldly gain,
Through mountain drifts, the Doctor
passed.

"Far up the winding mountain road.
Through forest dark and blinding snow,
He reached the desolate abode
Of sickness, poverty and woe.

"Long years have passed; yet oft' I ask, As howls the tempest in its might, While sitting by the evening fire, "What faithful doctor rides to-night?"

"Yes, faithful; though full well I know The world is sparing of its praise; And these self-sacrificing men, But seldom tempt the poet's lays.

"And yet, I trust, when at the last,
They leave the world of human strife,
Like him 'who loved his fellow men,'
Their names shall grace the Book of
Life."

Our own profession has never been behind others in displays of true heroism. During the Civil and other wars of our country many surgeons perished in the discharge of their duty in caring for the wounded immediately in the rear of lines of battle. Within the writer's knowledge, thus

died, at Gettysburg, the surgeon of the Twentieth Massachusetts Volunteers.

In peaceful time we have only to remember what occurred in the building of the Panama Canal. There several officers and enlisted men allowed themselves, for science and humanity's sake, to be freely bitten by mosquitoes known to be bearers of the severest form of malaria, as well as yellow fever. One of these Doctors, Jesse W. Lazear, Surgeon U. S. A., died from the test. On a tablet erected to the memory of Lazear in Johns Hopkins Hospital, at Baltimore, there is this inscription, written by President Eliot, of Harvard, "With more than the courage and devotion of the soldier he risked and lost his life, to show how a fearful pestilence is communicated how its ravages may be prevented." This record has been matched elsewhere in our own and foreign countries. During the epidemic of vellow fever that visited New York in ante-bellum times, the two physicians at Fort Hamilton, most active in combating that disease, gave up their lives in the discharge of their professional duty.

Coming down to our own days, the writer esteems it to have been an act of signal courage, or at all events of disregard of personal interest, when Dr. Stephen Pierson declined to put the care of the All Souls' smallpox cases upon others and assumed it himself. His Record, in the Field, would have led one to expect this of such a determined character, but it was none the less creditable. We know Dr. Wheeler, of Whippany, to have been a subsequent martyr to the diphtheria which he had combatted in his own Practice.

But none of those who hear me have failed to expose themselves to all the risks of contagious diseases where duty demanded it. In 1870, Dr. Sanborn, earliest homeopathic physician, of this city, who was then suffering from pneumonia, left his bed for the benefit of his patients and died soon afterward. Precisely the same thing occurred to the writer's own student, Dr. Isaac Vreeland, of Stony Point, N. Y., who, after his pneumonia had been diagnosed, drove down the river, not to rich, but to poor patients. At the obsequies of this Christian gentleman and faithful physician, the entire town of Stony Point attended. But you all, doubtless, could swell the list with cases well known to yourselves; these are our "half-forgotten heroes."

Take them by long and by large, with all their strength and all their weakness,

with all their fame and all their follies, the American medical profession has averaged to produce the finest type of manhood on record. No body of men has ever submitted more patiently to increasing expense of equipment and proportionate decrease of reasonable returns. Certainly there are none who know the mind and heart of the American medical man better than the physician who has trodden the same road, beset with disappointments as well as with discoveries, with flashes of genius as well as failures the most unaccountable. If we want a little glorification of the medical profession justified, we have only to ponder the self-renunciation of the doctors who immure themselves in the Leper Colonies, or of the brilliant men who forego fame and fortune to become medical missionaries and not infrequently die, as did the wellknown Dr. Pennell, of Northern India, from the blood poison brought him by one of his numerous operations in the Hospital that his own genius and unselfishness had created.

Our lady members can tell us of Dr. Eleanor Chestnut, young and beautiful, a medical missionary in China, dying at the hands of a mob, and, as long as she could speak, praying God to forgive them. We may properly give a word to our Morristown boy, Dr. Samuel Cochran, graduating at Princeton and leaving the "Presbyterian Hospital," with high honors and every avenue to fortune, and doubtless fame, open to him, and yet choosing to labor as a medical missionary in the heart of China, where the typhus fever overtook him, shattering his health for many months as the price for life itself. Instances like the above could be multiplied. But "quantum sufficit." lt would be presumption to proceed farther in these reminiscences. Every man and woman present has in mind his or her "half-forgotten heroes," and knows how to properly estimate if not alway to remem-

In closing, let me, the Dean of the local Medical Profession, offer to that Profession, wherever it is exercised, the tribute of my esteem, affection and respect.

"To contend for the right is one thing; to contend for one's own way in getting the right done is quite another. The man who sees the right end to be gained and insists that none but right means shall be used can still yield gracefully in all sorts of minor matters and welcome every suggestion from others instead of antagonizing them."

A SURGICAL TRIANGLE.*

By Charles B. Kelley, M. D.,

Anesthetist St. Mary's Hospital, Hoboken, N. J.; German Hospital and City Hospital, Jersey City, N. J.

Surgery to-day is so wonderful an art that it is difficult to think of it as being so young; yet up to seventy years ago, it was practically unknown. True, many so-called operations were performed, but only of the relief work variety. If trauma produced a wound, the surgeons of the day repaired it as best they could—and often skillfully too—but any deliberate correction of pathological processes was the exception, and the way in which the modern surgeon plans to explore an abdomen, would undoubtedly have appeared marvelous to the man of 1840.

What Then Has Made the Change Possible?—As I see it, the success of surgical procedures depends upon three main factors:

1st, A painless operation; 2nd, an aseptic operation; 3rd, a shockless operation.

These three necessities I look upon as an unfinished triangle, as but two sides have been completed.

We have our painless operation, readily obtained by the use of any of the numerous anesthetic agents at our command.

We have our aseptic operation, as our modern aseptic technique is all that could be desired.

But the third side of the triangle is still a problem, as the avoidance of *shock* is the factor which now holds the attention of the surgical world most closely.

We know that shock as a clinical picture, is characterized by vaso-motor paralysis and exceedingly low blood pressure, and is brought about by excessive trauma, hemorrhage, or anything capable of producing a condition of vital exhaustion. Some of these numerous causes and the prevention thereof, may therefore, be discussed.

Prevention should begin long before the patient reaches the operating room. Fear has often been demonstrated by Crile as playing an important part in the production of shock; threrefore everything should be done to keep the patient in a cheery frame of mind. The comparative freedom from fear with which home operations are performed, is the secret, I believe, of so many successful outcomes, even when asepsis is far below the hospital standard.

Gentleness in manipulation, or in other

words, the avoidance of trauma, should be carefully considered; also the conservation of time, as no patient stands an anesthetic as well the second hour as the first. Then again, sufficient heat about the patient; timely use of heart and respiratory stimuiants and all-around good team work on the part of the operating room staff.

Infiltration of the tissues before the knife is used with a local agent, makes the amount required of general anesthetic much smaller and thus renders shock less likely. The objection by some surgeons that valuable time is consumed in injecting the anesthetic, is hardly a valid one as the few extra minutes used are well paid for by the condition of the patient.

The pre-anesthetic hypodermic injection is quite important, as the patient, although probably awake, is not in full possession of his faculties.

All of the aforementioned suggestions are absolutely necessary in endeavoring to avoid shock, but they belong principally to the field of the surgeon. There still remains, however, a most important factor if we are to have a shockless operation, and one that generally is not sufficient thought, namely—The choice of an anesthetic. book of Genesis tells us, that when the Creator saw fit to extract a rib from the first man, He cast Adam into a deep sleep, and from time immemorial, man has tried to emulate his Creator, but it was not until 1844 that anything definite was accomplished, when the pain relieving qualities of Nitrous Oxid were discovered. Since that time many anesthetic agents have been introduced and surgery has become an art.

As a child, however, oft outshines its parent in glory, so surgery for years has overshadowed the art which made its existance possible, namely — Anesthesia. Within recent years, however, the pendulum is swinging back, a truer balance is being obtained and the idea of just "picking up someone" to give ether, is fast being replaced by the choosing of a competent anesthetist, who can adminster the agent best suited for the individual patient. In other words, we recognize now that while the ultimate result of an operation without doubt depends upon the skill of the surgeon, the immediate result depends upon the dexterity of the anesthetist. That result not only means the patient leaving the operating room alive, but implies as well, as easy a recovery as possible, and shows plainly that to-day an anesthetic is not only to relieve pain, but to prevent shock.

In considerating the question of an anesthetic, I have not only thought of the prevention of shock, per se, but have also considered the comparative dangers of the various anethetic agents.

For induction, which shall we use? Ethyl chloride I think is used only by the bravest, and needs no special consideration. Chloroform still remains the choice of some, but it has a sickening, sweetish odor, objectionable to most patients. Ether, with its dreadful taste and smell, is absolutely undesirable.

Nitrous oxid is a practically odorless gas, which gives us unconsciousness after inhaling but a few whiffs, and although a stage of excitement may follow, the patient knows nothing of it. This agent, to my mind, should be used for induction purposess, in almost every instance.

When sleep has been produced, how should the anesthesia be continued?

My answer is: With the anesthetic agent best suited to the individual patient and in arriving at that conclusion, the anesthetist should be in possession of a full physical examination record, showing the condition of the heart; the blood pressure; and

also, a urine analysis.

The recognized mortality of chloroform makes its use limited for continued anesthesia. Personally I have never witnessed a fatality during its use, but I have seen some very close approaches, and those awful moments which seemed like years, when waiting for the patient to take up his respiratory functions, still leaves a marked impression upon me. My difficulties with it have arisen during light ether anesthesia, when the patient showed signs of retching and I resorted to chloroform for quieting purposes, so as least to disturb the surgeon. This drug exerts a harmful action on the heart and the sudden deaths during its administration are usually due to cardiac depression. It also causes a fall in blood pressure, owing to its toxic effect upon, and the consequent dilatation of, the vascular musculature. This is further intensified by the toxic properties of the chloroform hindering the heart from accommodating itself to the sudden alteration in blood pressurge. Its post-operative effects are also very disagreeable.

Ether anesthesia is no doubt the one most used and apparently the safest in the average man's hands, but it has very distinct drawbacks. It is a decided irritant to the respiratory and urinary organs, and if urine analysis were made more often and the

state of the kidneys considered more carefully, there would be a greater effort on the part of every physician to obtain a substitute for this 'drug. If post-operative analyses were also made, and the kidney condition compared with the pre-operative analysis, this fact would be doubly true. Ether primarily raises the blood pressure but continued, lowers it; and this is simply another way of saying "shock."

As other disadvantages may be mentioned the *distinst* danger of post-operative pneumonia, and the deleterious influence on the leucocytes, which latter is of particular importance to patients having infections. Furthermore, if the surgeon remained during the post-operative recovery and witnessed for a few times the distressing vomiting and general wretched condition of his patient, would he not think more seriously of the choice of an anesthetic, so as to minimize this condition?

Nitrous oxid and oxygen points the way out of this difficulty. As above stated, it induces anesthesia beautifully, unconsciousness being produced in from 60 to 90 seconds. It produces no *shock* of itself; it raises the blood pressure; it does not produce any harmful action upon the leucocytes; it is not a pulmonary or urinary irritant; and there is seldom, if ever, any postoperative nausea or vomiting. The patient wakes within a very few minutes and has but the slightest post-operative depression.

Nitrous oxid and oxygen cannot be quoted as an absolutely safe anesthetic, but it is assuredly the safest of any at our disposal. Its greatest objection is, that it does not produce the deep relaxation of the muscles, as seen under ether or chloroform. This relaxation can always be obtained by the addition of some ether, the amount depending upon the individual patient and if a little willingness is shown on the part of the surgeon to forego some of his comfort for the benefit of his patient, nitrous oxid and oxygen, with a little ether, will always keep the patient in the best possible condition during the operation, ready to awaken to full consciousness very shortly after the last suture has been placed, the exact time depending upon th the amount of ether used.

What more then can we ask? Does not nitrous oxid and oxygen, with a minimum of ether, give us an almost perfect anesthetic?

In summarizing therefore, we find our triangle still incomplete.

Seventy years ago it was begun, when

anesthesia gave to the world the painless operation.

The second side, was completed thirty years ago by the general adoption of the ideas of Lister, giving us the antiseptic, fol-

lowed by the aseptic operation.

And now in closing, I can only emphasize that if we hope to complete the third side and obtain the *shockless* operation, we will have to bear in mind that we are dealing with life itself; reduce every dangerous and unpleasant feature in the operative procedure to a minimum and throw every safeguard about the patient, from *all* viewpoints, be it that of the surgeon, anesthetist or Nurses.

85 Bowers Street.

Clinical Reports.

Angina Pectoris and Raynaud's Disease.—Dr. T. Schott, in Deutsche med. Woch., Berlin, reports a case in which angina pectoris developed in a man with the nervous-trophic and vasomotor phenomena of Raynaud's disease—the whole probably to be ascribed to chronic intoxication of a chemical nature from inhaling nitrite dust in handling explosive powders. Incipient arteriosclerosis was the only other possible factor to be discovered.

Varicella with Two Eruptive Stages and Erythema.

Dr. O. Silberknopf, in Lentralblatt fur Kinderheilkunde, reports the case of a seven-year-old girl in whom an attack of varicella was marked by the appearance of the eruption in two main crops separated by an interval of eight days, during which there was observed a widespread erythema on the trunk and extremities.

Fraeture of Skull in a Child.

At a meeting of the Minnesota Academy of Medicine, reported in the St. Paul Med. Jour., November, 1915, Dr. E. R. Hare spoke of a case where a child three years old was struck by an automobile and the skull fractured in both temporal and occipital regions; one fracture, that of the side of the head, was five inches long. The remarkable feature of the injury was that the child remained unconscious for only a few hours; and, aside from a few days of dizziness, suffered no particular inconvenience from the accident. The recounting of this case brought to Dr. Ben-jamin's mind a similar experience. A girl seven years of age was struck by a motorcycle and knocked to the curb, receiving a fracture of the temporal bone with depression. The child was unconscious and in shock. The bone was raised immediately; the girl re-

Ruptured Vertebral Artery Aneurysm.

Dr. F. D. Weidman, Philadelphia recently reported in the A. M. A. Jour., a case of ruptured aneurysm in the right vertebral artery in a sailor aged 40 years, who gave a positive Wassermann reaction. The post-mortem showed congested occipital vessels and fresh soft black clot in the ventricles concealing the nerve roots and cord and most marked at the bulbopontine junction, where the right certebral artery was found divided at the middle of a pea-sized expansion. The lesion was local and syphilis was evidently the important factor. Little hope can be held out of curative measures in such cases with the full collateral circulation afforded by the circle of Willis

Cerebellar Abseess in Child—Not from Ear Trouble.

Dr. H. T. Ashby, in British Journal of Children's Diseases, reports the following:

A female child entered the hosp tal with a slight bronchitis and very slight vaginal discharge. It developed signs somewhat suggestive of brain tumor and finally died. At autopsy an abscess was found in the right half of the cerebellum containing creamy pus which yielded pneumococcus on culture. The brain substance was normal, the ventricles also, and no cause for the abscess could be found. The condition was not suspected during life, as there was no nystgmus nor tendency to fall to one side more than the other. However, the child continually lay on its right side and had convulsions confined for the greater part to the right side.

Infection of Middle Ear with Vincent's Organisms.

Dr. J. Adam, in the British Journal of Children's Diseases, reports four cases of this condition three of which came under his observation during a period of six months. He believes that this type of infection is more common than has been supposed. The condition for which one is apt to mistake it is diphtheria. The disease is chronic marked by the presence of a foul-smelling and profuse discharge, masses of profuse and readily bleeding granulations in the more pronounced cases, erosion of the external parts of the ear, slight tendency to the formation of membrane, and slight glandular involvement There is not much disturbance of the general health and there is no pyrexia.

Retinitis Punctata and Retinitis Pigmentosa.

Dr. C. Zimmermann reports the following from the eye clinic of Prof. O. Haab in the University of Zurich:

A girl, aged 18, whose father and father's brother had retinitis pigmentosa, whose grandmother had been blind and other members of the family had ocular affections, had diminished central vision and peripheral contraction of the visual fields. The macula was encircled by very fine yellowish white spots. The periphery of the fundus showed yellowish white spots and accumulations of black pigment. Thus the case presented the very rare combination of two different pathological processes: Retinitis punctata albescens and retinitis pigmentosa. It was chronic atrophy of the retina, in which the degeneration set in at different parts of the retina in varying intensity.

Paresis of Aecommodation After Diphtheritic Vulvo-vaginitis.

Dr. R. Pape, Detmold, reports the following: A girl, aged 12, complained that she could not see well for the last two weeks, especially that she could not read and write. VR 5/15, with +1.00 5/15, VL 5/15, with +1.50 5/5. Medium sized print (Nieden 7) could not be read, even at larger distance, but with R+3 L+3.50 No. 1 at 30cm. Pupillary reaction preserved. P. surmised a post-diphtheric paralysis of accommodation, but there was no history of diphtheric angina. On further inquiry, however, the father stated that, eight weeks ago, the girl had an inflammation of the sexual organs' with purulent discharge, which P. had no doubt, was a diphtheric vulvovaginitis.-C. Zimmermann, in Wisconsin Med Jour.

Cataractous Families.

Dr. John L. Dickey, Wheeling, W. Va., in the A. M. A. Journal, says:

Recently I removed a mature cataract from the right eye of Mrs. H. W., aged 51. The one in the left eye is now mature.

Shortly afterward I remove a ripe cataract from the left eye of Mrs. W.'s brother, aged 45. Five years previously the right eye had been operated on for cataract, but the operation had been followed by iritis, panophthalmitis and enucleation.

Not long afterward I removed a mature cataract from the right eye of a sister of the two patients mentioned above, aged 48.

Hour Glass Stomach.

Reported by Drs. H. A. Hare and J. C. Da Costa at a meeting of the College of Physicians, Philadelphia, February 3, 1915. The patient was a man of about 48 or 50

The patient was a man of about 48 or 50 years of age who suffered from severe pain in the upper zone of the abdomen. The diagnosis was obscure on whether the condition was a malignant growth or ulcer. The roent-genogram showed a very extraordinary manifestation of hour-glass stomach. It is difficult to conceive of a deformity greater than the one shown which could be produced by disease. Dr. DaCosta ignored the fibrous band which represented the annular constriction, and bridged the space between the upper and lower parts of the stomach by anastomosis. The man died three or four days following operation from pneumonia at the base of the lung on the side of operation.

Hookworm in a School Boy in New York.

Recently while examining the children in a public school in Brooklyn, the attention of the medical inspector, Dr. Max Lederer, was called to a boy 14½ years old, who persistently fell asleep during school hours. Depite his age, the boy was only in the 3B Class and in response to questions made only indefinite replies. Dr. Lederer thereupon consulted the boy's mother and learned that the family had lived in New York only since November, 1914, prior to which time they had been in Jamaica, West Indies. It was further learned that the boy suffered with somnolence at home as well as at school; that he had a voracious and perverted appetite, that he was markely constipated, and that his mentality was subnormal

and sluggish. A physical examination showed a thin, markedly anemic, sleepy-looking, undeveloped boy. Examination of the blood indicated a high degree of anemia and revealed also an eosinophilia of 14 per cent. Examination of the stools was then undertaken and typical ova of the hookworm were found. In association with these were found a few eggs of the tricocephalus dispar. The boy was advised to submit to the approved treatment with thymol and epsom salts. After the second administration of this remedy, the adult hookworm was found in the stools. Since this treatment the boy has entirely lost his sleepiness, he has gained in weight and his mental sluggishness has disappeared.-Department of Health Weekly Bulletin.

Gastrie Cancer in Boy of Nine Years.

Dr. F. Karl, in Deutsche med. Woch., reports the following:

The child was always frail and for three or four months had vomited repeatedly. At operation a knobby cancer of the pylorus the size of a child's fist was found and removed, the stump being planted into the jejunum. A complete recovery ensued and in three months he had more than doubled his weight. The ultimate result is, of course, very doubtful.

Cholelithiasis in a Girl of Fifteen Years.

We take the following from the Jour. of Surg., Gynecology and Obstetrics:

At a meeting of the Chicago Surgical Society Dr. Eisendrath presented a case of acute cholecystitis with calculi in a girl of fifteen years. There was a history of typical pain and tenderness with vomiting in attacks extending over a year. At operation the distended gall bladder could be felt under anesthesia. It was removed and found filled with calculi. There was also a hemorrhagic condition of the mucous membrane. According to Eisendrath only 16 other cases of cholelithiasis in children are on record, and of these only 4 have had cholecystectomy performed.

Vagaries of Rifle Bullets .- Two instances of the action of rifle bullets in the war, as related in the Lancet by a correspondent in northern France, are of more than ordinary interest. One bullet which had traveled probably 200 or 300 yards and was therefore almost at its maximum velocity, entered the head just in front of the ear, passing through the sphenoid and having its exit at a point almost exactly opposite the point of entrance. Its track was perfectly straight. Though this wound was one really of the face only, it proved instantly fatal. On opening the skull the reason was apparent. It had reduced the under surfaces of the frontal lobes to a structureless jelly. The rapid movement of the bullet had given rise to lines of force emanating in all directions and had pulpified the brain. This is somewhat contrary to the belief that a rapidly moving missile exerts a more knife-like action than a slow one, with less collateral injury. In the other case the bullet had tryeled probably 1,-500 to 2,000 yards before reaching its mark and the residual momentum was comparatively small. This bullet entered the forehead and was found just inside the skull. It had traversed the head, impinged on the inside of

the occipital bone and rebounded along the original track and was only a short distance from the point of entrance. There was no general bruising of the tissues surrounding the track of the bullet,

Mass of Bones Removed from Reetum.

A woman, aged 42, about six years previously, thought she was pregnant. After six months' suppression the menses returned. Two years later she contracted diarrhea, which has continued with intermissions of two or three months. Six months ago she experienced considerable pain and tenesmus low down in the pelvis and about the rectum. As many as a dozen paroxysms a day would occur. About two months ago she passed from the rectum what she termed " a bunch of bones" and a month later a piece of skull. Digital explora-tion of the rectum revealed a mass situated about 4 inches up the bowel anteriorly which felt very much like the united halves of a clam shell when half open, the edges being sharp and exposed. The tissues in which the mass was imbedded were greatly hypertrophied. A few small pieces of bone were removed at this time by breaking them off, but it was soon evident that the larger mass could not be extracted except under general anesthesia. The patient was etherized, the sphincter dilated and the mass of bones removed. Two possible conditions present themselves as causal: A dermoid cyst or the moved. product of an extra-uterine fetation. Since the essential symptoms of the dermoid cyst were not present, and in view of the previous history, I am inclined to the opinion that her condition was due to the latter cause.-Dr. L. H. Adler, Jr., in The Proctologist.

Intussusception with Resection.

Dr. Emery Marvel, Atlantic City, reported this case at the meeting of the N. Y. Academy of Medicine, on March 5, 1915. He said intussusception in the adult is rare and when present is usually occasioned by either a cicatrized ulcer or a neoplasm. He said he wished to cite a case coming under recent observation. An Italian laborer, thirty-seven years of age, was seized with intense pain in the abdomen associated with vomiting. At 6 A. M., January 22, 1915, he summoned a physician, who saw him at 9 o'clock and administered morphine. His associate, Dr. Andrews, saw the man at 2 o'clock and found him in intense agony, writhing with pain, unable to stay in bed, and clamoring for relief. Being informed that this pain had not let up since the onset in the morning, he believed a serious abdominal condition was present, and after an unsuccessful attempt to relieve the bowel by enema, a quarter of a grain of morphine was given hypodermically, and the necessity of an immediate operative treatment was advised. He saw the man two hours later, finding him still complaining of pain and tenderness over the abdomen; the wall was board-like and unyielding. The intense distress was located in the epigastrium. A suggestion of a gastric or duodenal ulcer was in his mind, although the man had little or no depression of the heart's action and showed no other evidence of shock. He was anesthetized at 4 o'clock, and so soon as his abdomen relaxed a tumor was visible in the

left hypochondrium. An incision in the median line permitted the mass to be exposed with ease. This showed an intussusception of extreme dark color and evidently gangrenous. Tears in the serosa were observed in several places. It was impossible to reduce the intussusception. Resection was imperative, which was completed with end-to-end suturing. The abdomen was closed without drainage and a complete recovery followed. The man at this time was at work. Endeavoring to ascertain what had occasioned the intussusception, the specimen was opened and revealed small tumors of the mucosa of the bowel, one of which was at the point of intussusception, and was very evidently the cause of the bowel slipping and locking itself. There were four of these tumors in the resected bowel. The pathologist's report of these tumors showed them to be adematous polypi. Whether there were other tumors or not in the remaining bowel he could not say. He did not recognize the presence of these tumors at the time of operation. The resected bowel measured about seven feet when straightened out; it was over two feet in length upon the greater curve and was triplicated. The specimen was exhibited.

Abstracts from Medical Journals.

Serum Treatment of Wounds in the French Army.

A report from Paris announces that a number of remarkable cures have been effected by the new polyvalent scrum, the discovery of which was announced last March. Complete recovery is announced of men terribly mutilated and for whom all hope had been given up before the serum was employed, so badly infected were their wounds. Drs. Lechanche and Vallec, the discovers of the serum, have been unable up to the present to make more than 2,000 flasks of it daily, most of which goes to the base hospitals, where the worst cases are to be found. It is hoped, however, that it can soon be made in sufficient quantities to supply the firing line, where it could be used prophylactically as antitetanus serum is now.—Med. Record.

Tobacco Causes Cancer of the Mouth.

After studying 100 victims of mouth cancer, only ten of which were women, Dr. Robert Abbe, senior surgeon of St. Luke's Hospital, New York City, presents a scathing arraignment of tobacco, when it is smoked or chewed in excessive quantities. Of the ninety men with mouth cancer, all but one were inveterate smokers. Most of them smoked cigars, to the number of three to twenty a day. Five smoked only cigarettes; one consumed fifty a day. Many used a pipe, which often caused cancer to begin where the end of the pipe stem allowed the hot smoke to come upon the tongue. Thirteen had cancer inside the cheek and all of these chewed. About onetenth of the patients plainly owed their affliction either to a rough tooth, or to hot burning drinks, or both. The other ninetenths of the cases are chargeable to tobacco.

Anthrax.

Dr. John Palmer, Jr., Wilmington, at the Delaware State Medical Society meeting, re-

ported that in the last eight years he had attended forty-two cases of anthrax affecting the cutaneous and cellular tissues. The part is thoroughly but gently washed with 1:2,000 mercuric chlorid solution, dried well, then swabbed with 10 per cent. tincture of iodin and some alkali applied. This is repeated daily for several days until the slough has come away. It takes about two or three weeks for an ulcer to heal, which it does with very little scar as compared with the tissues involved. No systemic treatment is necessary other than cleaning out the bowels, though some require strychnin and alcoholic stimulants. If the trachea becomes much involved, nothing will prevent death by suffocation. It has been my experience that if the vesicles are kept unruptured it is better for the patient. The fatal cases I have seen were those in which the vesicles had been ruptured

Seat of Local Infections.

Daily the mass of evidence accumulates demonstrating the important necessity of detecting the seat of local infections and absorption if we are to bring about an abatement of symptoms and establish permanent recovery. Many conditions that fail to respond to treatment have eventually revealed a focus in the teeth and peri-dental abscesses that went undetected until radiographs revealed their presence. The extraction of the teeth, opening and draining the abscess, making of an autogenous vaccine and its administration has accomplished complete relief of symptoms and return to normal health in patients whose recovery was despaired of and who were consigned to the chronic class drifting from one physician to another without benefit.-Mich. St. Med. Soc. Jour.

Causes for Indigestion.

Dr. Cabot states: "The vast majority of the causes for indigestion have nothing to do with the stomach, that is, with any disease of the stomach. There is not an organ in the body which may not produce gastric symptoms." Of 15,309 cases presenting symptoms of what is commonly termed dyspepsia there were 12,-612 cases of non-gastric origin. The remaining 2,697 cases where the stomach was in itself involved included cancer, ulcer, anomalies of secretion, size and position. These case records warrant the abandonment of our attributing the cause of deranged stomach activity to dyspepsia. It behooves us to search further for an accurate diagnosis. The stomach mixtures prescribed are, as a rule, valueless.

In 15,770 cases the cause was found in: Failing heart, 2,922; phthisis, 1,929; anemias, 1,925; neurosis, 1,482; nephritis, 1,197; gastric ulcer, 1,140; gastric cancer, 1,050; dyspepsia (cause unknown), 624; gall stones, 620; constipation, 605; cirrhotic liver, 553; gastritis gastroenteritis, 546; duodenal ulcer, 360; gastroptosis, 130; hyperchlorhydria, 109; hypoacidity, 28; tabes, 22.

Of all cases in which the cause was directly traced to the stomach itself it was found that gastric ulcer and cancer existed in 2,190 cases, leaving 590 cases of gastritis, ptosis, hyperand hypoacidity and unexplainable conditions. These case studies certainly contain much for

reflection and the adoption of our future treatment of our patients who consult us complaining of their stomachs and digestion.

Hereditary Tendency to Gastric Ulcer.

Dr. J. Russell Verbrycke, Washington, D. C., in a paper read before the Hippocrates Society, Washington, cites these with other cases:

Mrs. W. P. F., eged sixty, had six children, She was seen by me for the first time, December 12th, 1913. She had suffered with attacks of pain in the stomach for at least twelve years. Examination of the stomach contents showed hyperacidity. There was a tender point which, under the fluoroscope, was found to be on the lesser curvature near the pylorus. Occult blood was present in the stool and there was a positive thread test. Radiographic examination also showed a marked colonic ptosis with reduplication and fixation of the hepatic flexure and transverse colon. She improved under medical treatment.

Her son, A. F., aet. twenty-one, sent for me December 21st, 1913. He had had indigestion for a couple of months, his pain starting two hours after meals. Five days before, he had suddenly been seized with agonizing cramps and had been taken to a hospital. After careful examination he was found to have a chronic perforation of a duodenal ulcer with the formation of an abscess cavity. Diagnosis was confirmed by operation.

A second son, R. F., aet. thirty-one, consulted me in June, 1914, with symptoms of fifteen years' duration. He had typical symptoms of duodenal ulcer, tender point, positive thread test and occult blood. Operation revealed a large saddle ulcer, nearly completely encirculing the duodenum and extending up to the pylorus. It looked in one place as if about to perforate.

On July 16th, 1914, a daughter, S. F., aet. twenty, consulted me. Her symptoms were of two years' duration, with pain in the stomach immediately after meals. Operation revealed a small ulcer on the greater curvature near the pylorus. She later developed a return of symptoms, and radiographic examination showed a constant irregular defect high up on the lesser curvature, suggesting a growth. There were pain and tenderness over this spot. She was relieved by medical means and I believe there was a second ulcer at this point.

Prostatic Obstruction and Vesical Atony.

In a paper by Dr. Bransford Lewis, of St. Louis, with the above title, read before the American Urological Association, June 18, 1914, at Philadelphia, the following were the conclusions:

1. The exact causation of urinary retention should be sought for in all cases before adopting a plan for treatment.

2. It should always be found in one of two factors, viz.: (a) Physical obstruction of some kind, or (b) disturbance of the nervous mechanism controlling urination.

3. There is no such thing as "unaccountable" atony or urinary retention; such a term represents an incomplete diagnosis.

4. There is no such thing as "incurable atony," except when it is caused by some nerve-degenerative process (tabes, etc.) that precludes restoration of the expulsive power;

and it is unjustifiable in the most of these cases.

5. Even when the retention and atony are caused by nerve degeneration much can be done in the way of treatment, both locally and internally, to faciliate urination and improve the conditions prevailing.

6. Where cause is a physical obstruction, its removal paves the way to restoration of the expulsive power.

7. The most frequent and important of the obscure, unrecognized causes of obstruction are: (a) Ill-defined contracture at the vesical neck (demonstrable sometimes only by palpation through the opened bladder or urethra); (b) unrecognized syphilis, acquired or hereditary, affecting the spinal centers.

8. Such conditions are by no means confined to adult life, and should be looked for and recognized at any age, from infancy up; diagnosed and treated in accordance with the refined diagnosis always demanded by cases of urinary obstruction.

of such conditions. Lack of syphilitic history or general nerve symtoms, in obscure cases, should not preclude investigation by means of a Wassermann blood test; and if this prove doubtful, a Wassermann test of the spinal fluid should be made, as well.

10. The supreme value of early recognition and differentiation of such cases appears in the opportunity it offers of affording appropriate treatment before the case has assumed the hopeless phases that preclude reclamation or benefit.

A final, but too late recognition is but poor solace for a lifetime of suffering due to delinquences in diagnosis.

Post-Operative Technic.

Dr. C. E. Humiston, Chicago, read a paper before the Academy of Surgery of that city, giving the replies of 66 leading surgeons to questions submitted to them by him concerning post-operative care of patients. Analysis of replies on the use of anodynes shows that 20 use none, while 10 use them freely, sparingly 35. The most frequent anodyne is morphine (32), next is codein (15) and then bromides (11). Heroin, veronal, scopolamin, aspirin and chloral are used by some. As to stimulants, the routine administration of such drugs as strychnine, digitalis, whiskey, etc., has been practically abandoned. Tap-water or salt solution per rectum seems to have taken their place. As to nourishment, the majority of surgeons (54) use none during the first 24 hours, limiting it to liquids the first 72 hours (51). As a refreshing departure from this routine, the method employed by Dr. Ballock, of Washington, D. C., is interesting. In his reply he says: "No slops. I have given up altogether the use of broths and I regard albumin water as an invention of the devil. I wait until the patients becomes hungry, as a rule, and then give him what he wants to eat, if his demands are not too outrageous. In cases needing feeding from the start, I use some of the fermented milk preparations, or scraped beef, both of which I find that the stomach takes care of very well. I give solid food as soon as possible in some cases the day after operation, and in nearly all cases on the third day after operation. My patients do and

feel much better than under the old routine

of liquor food for three days. etc.'

The majority of surgeons (22) employ cathartics during the third 24 hours, 9 during the second 24 hours; 18 use none by the mouth. The drugs employed are castor oil (12), salines (12), caloinel (6), milk of magnesia (4), cascara (3), pill A. N. & B. & C. (1) and phenolphthalein (1). The recumbent position is maintained by 22 surgeons for 12 days, by 13 for 10 days, by 8 for 14 days, while here and there a surgeon permits his patient to be up as soon after the operation as they wish. The author gives the following composite summary of the replies:

1. Anodynes. If the patient is fairly comfortable, do not give any; if the pain is severe, give morphin the first 24 hours following operation, and endcavor to be done with opiates

by the end of the first 48 hours.

 Stimulants. None.
 Nourishment. Give only water during the first 24 hours, then liquids, except milk, for two days, follow by a light soft diet, increasing to general at end of first week.

4. Cathartics. After drains are out, and excepting stomach and intestinal operations administer a cathartic at the end of third day.

5. Recumbent Position. Keep the patient in bed one or two weeks with frequent change of position.

6. Stitches. Remove the sustaining nonabsorbale sutures toward the end of the second week.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular November meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening,

Dr. John S. Erdniann, of New York City, opened the scientific program with a paper entitled "Relief of Chronic Obstructive Jaundice

by Palliative Operations."

In a general way Dr. Erdmann called attention to the sympoms of obstruction of the common bile duct, namely, persistant jaundice, intractable pruritis, distention and pain of a varying character over the region of the liver and gall-blader. He believes that one of the most frequent causes of persistant jaundice is malignant growth of the common bile duct. The ampulla is the part of the duct usually involved.

Operation is indicated for the following reasons: 1. Mistaken diagnosis; 2. Drainage of the gall-blader; 3. Relief of distontion; 4. Painful conditions relative to the billiary tract; 5. Intractable pruritis; 6. Social causes - prolongation of life and relief of jaundice; 7. Surgical euthanasia. Several case histories were related to illustrate that where operation was done a distinct benefit was noted in almost every case, which benefit lasted from six months to a year or more. The favorate operation is doing either a cholecystogastrostomy or a cholecystoenterostomy.

This paper was discussed by Drs. Darnall,

Conaway and Marvel.

The second number on the program was a paper entitled "Pollinosis (Hay Fever): Some

General Remarks and Its Treatment by Immunization Methods," by Drs. Seymour Oppenheimer and Marks J. Gottlieb, of New York.

Dr. Gottlieb took up susceptibility and heredity as factors of importance in discussing the etiology of the disease.

After a general resume on the treatment of pollinosis, Dr. Gottlieb's paper was discussed by Drs. Erdmann, Barbash, Bullock and Boison.

The Board of Censors reported favorably on the names of Drs. Cassell, Cunningham, Quinn and Allman and they were duly elected to membership.

Mr. S. P. Leeds, of the Society for the Prevention of Cruelty to Animals, gave an interesting talk on the work they had been doing and the help they had from the Chamber of Commerce, and urged the Atlantic County Medical Society to co-operate.

CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The annual meeting of the Camden County Medical Society was held at the Dispensary Building, Camden, on October 12th. The presidential address by Dr. E. A. Y. Schellinger on "The Continuation School" was a thoughtful and convincing presentation of the theme, showing careful investigation. It was decided to make more prominent the scientific sessions of the society.

Dr. William A. Wescott was nominated as a permanent delegate to the Medical Society of New Jersey and Drs. Milton M. Osmun, J. Edgar Howard, Jesse L. Mahaffey, Charles H. Jennings, annual delegates.

Delegates were elected to Atlantic, Burlington, Cape May, Cumberland, Gloucester and Salem county societies.

The following officers were elected:

President, Dr. John J. Holey, Gloucester City; vice-president, Dr. Marcus H. Mines, Camden; secretary, Dr. Daniel Strock, Camden; assistant secretary, Dr. William H. Pratt, Camden; treasurer, Dr. William W. Kain, Camden; historian, Dr. Alfred Cramer, Camden; reporter, Dr. Grafton E. Day, Collingswoods.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The thirty-second annual meeting of the Cape May County Medical Society was held in the rooms of the Commercial League, Cape May Court House, on October 5th, 1915. President Physick presided in his usual easy and gracious manner.

The following members answered to roll call: Drs. Physick, J. Way, Douglass, Scott, Wells, Draper, Mace, C. Way, Mayhew, Tom-

lin and E. Way.

The president introduced Dr. Richard C. Norris, of Philadelphia, who delivered an address on "Twilight Sleep and Pituitrin," showing the uses and limitations of each. The address was forceful, eloquent and up-to-date and especially of interest to physicians practicing in rural districts.

Dr. M. B. Hartzell, of Philadelphia, then addressed the society on "Some Remarks Concerning the Cause and Treatment of Eczema." Two clinical cases were exhibited and many new and original but verified ideas were advanced.

Discussion on the addresses was opened by Professor Wm. H. Wells and many interesting facts were brought out by him.

A vote of thanks was given Drs. Norris and Hartzell by the society.

Adjournment was then made to the Hotel Bellevue, where a banquet was given to the society and guests including several ladies.

Officers for the year 1916 were then elected as follows:

President, Emlen Physick, Cape May; vicepresident, S. Dixon Mayhew, Wildwood; secretary and reporter, Eugene Way, Dennisville; treasurer, H. H. Tomlin, Wildwood; censor for three years, I. P. Behrman, Woodbine; delegate to the State Medical Society for 1916-17, C. W. Way, Sea Isle City; alternate, H. H. Tomlin.

Next place of meeting, Wildwood.

ESSEX COUNTY,

Farnk W. Pinnco, M. D., Reporter.

One of the encouraging things modern medicine in its relation to the public has begun to develop is co-operation in matters of health, so that laymen look to scientific medicine for medical knowledge and recognize the position of medical organizations, while, on the other hand, scientific medicine is awaking to its duty and opportunity in instructing the public rather than leaving them to the commercialism of quacks and yellow journals. One of the lay organizations with which the Public Health Education Committee of the County Society has kept in touch is that leading women's club, The Contemporary of Newark. On November 23rd this club held a public meeting for the discussion of medical social service. The speakers were Miss Ella Crandall on "Work of Visiting Nurses;" Dr. Sidney Goldstein on "Hospital Social Service;" Dr. Mary Broadnax on "After-care for Dispensary Patients;" Dr. Wm. S. Disbrow representing the Board of Health; and Dr. Edward J. Ill on "Newark's Need of Hospital Social Service."

The William Pierson Medical Library Association, Orange, met on November 16th to hear an address by Dr. J. B. Walker, New York, on "The End Results of Treatment of Fractures." This was also the annual business meeting of the association.

The Essex County Pathological and Anatomical Society held a regular meeting on Thursday, November 11th, presenting the following program:

Address—"Clinical Experiences in Tropical Diseases" (illustrated with lantern slides), Dr. Arthur N. Tasker, medical corps, U. S. Army; director laboratory for tropical diseases, Postgraduate Hospital, N. Y.

Case Reports—Hodgkin's disease, Dr. Hagerty; carcinoma (teratoma?) of testicle, Dr. Furman; carcinoma (teratoma?) of testicle, Dr. Murray; etopic gestation, Dr. Patterson.

Specimens—Multilocular cyst of ovary; carcinoma of ovary; fibroid of uterus, Dr. E. J. Ill; Oedematous fibroid, uterus; pregnant uterus, Dr. Charles Ill; hydatidiform mole, Dr. VanEss.

Dr. Gray demonstrating pathology of the above cases from St. Michael's Hospital.

Demonstration of City Hospital Specimens— Dr. Martland.

The Academy of Medicine of Northern New Jersey, Section on Pediatrics, mct Wednesday, November 10th, in the afternoon, discussing clinical cases. Dr. C. R. Keppler presented Double Congential Hip Dislocation, an unusual Congenital Deformity and Infantile Paralysis; Dr. O. B. Mockridge, Congenital Heart Discase; Dr. T. N. Gray, Tuberculosis Ceverical Adenitis. The Section on Medicine presided over the stated meeting Nevember 17th which was addressed by Dr. George C. Shattuck of Harvard University on The Percussion Area of the Heart. The Section on Eye, Ear, Nosc and Throat met Monday, November 22nd. Dr. J. L. Courrier reported a "Discharging Sinus in Roof of Mouth Edentulous 15 Years." Dr. W. P. Eagleton presented patients with Pitultary Diseases and Dr. Chas. H. Frazier, of the University of Pennsylvania, read a paper on "Pituitary Discases and Their Treatment." The Section on Gynecology met Tuesday. November 23rd. Dr. G. K. Dickinson read a paper on "The Mystery of the Anteflexed Uterus."

The Medical League met on November 1st to hear Dr. S. W. Bandler of the Post-Graduate Hospital on "Pituitary Extract," and again on November 15th when Dr. Isaac Levin made an address on "Recent Advances in the Treatment of Cancer."

HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hudson County Medical Society met on November 3rd, 1915, at 8.45 P. M., at Down

Town Club, Jersey City.

Dr. F. D. Gray, speaking for the membership committee, mentioned that two hundred and fifty-three return postals had been sent out. Only sixteen returns came back. This would indicate that two hundred and forty-six members did not know of any others eligible for membership. We have thirty-seven possibilities as the result of this action. He thought we should make as strenuous an effort as we did last year, in the good results of which he had a personal interest. The next State meeting will be the one hundred and fiftieth anniversary of the State Society, and it was particularly desirable that we make a good showing in the membership ranks.

In regard to the Publicity Committee, he had some correspondence with Dr. Hunter, and he felt some good would result from its work.

Dr. G. H. Sexsmith, the president, felt that the return postals had not been thrown in the waste basket, but simply pushed aside. He hoped that we could get more members this year than last.

Dr. F. D. Gray said that a good many of the recently-elected members were old members who had lapsed in their dues. If they came in as new members they will not have to pay up all the old arrearage. Six dollars is all they will have to pay to come back.

Dr. F. H. Edsall, Superintendent of Health Board, believed it was important to make this department as responsible as possible to the people, and particularly to the medical profession. He said that the idea was to select three members, two from the Chamber of Com-

merce, to form an advisory committee to meet the health bureau monthly and make such suggestions as seemed advisable for public benefit, and to make the bureau more useful, and he thought it desirable to make a resolution to select such three members from the society.

Dr. F. D. Gray liked the proposition of Dr. Edsall, and he moved and had carried the acceptance of Dr. Edsall's proposition for the appointment of three members.

The President announced that he would later

appoint the committee.

D. F. D. Gray stated that last year he had been much interested in membership and medical economics. Now in addition he had running in his mind some effort to create a fund in the course of five or ten years for the relief of needy physicians, after they have reached a certain age. The proposition was peculiar, but, nevertheless, needed some practical solution. Other professions and callings had these things. He had recently had a letter from the first vice-president referring to the advisability of establishing a fund to build a central home for the State Society wherein to hold meetings, etc., and he wished to know the sense of the Society as to the advisability of the move, etc.

Dr. Rosenkranz of Hoboken voiced the ideas of Dr. Gray. He felt that when we helped others in life, we helped ourselves. He recalled the fact that we have in this State the society for the relief of widows and orphans of physicians, and the helping of needy physicians. This organization has now nearly \$15,000 and does a great deal of good. This relief plan would not conflict with that

Dr. Henry Spence stated that he would welcome a study of the water supply question by the society, and he thought a committee should be appointed to investigate the condition of our present water supply.

Dr. W. L. Pyle said to investigate meant

spending money and needed experts.

Dr. Geo. E. McLaughlin felt that from his connection with the water department, it was not in order for him to make any remarks. He agreed with Dr. Spence; not much experience would be necessary. The data of experts could be secured, and the physicians appointed on the committee could voice their opinion.

Dr. Edsall believed that the question of pure water supply for a municipality was a very important matter, and he felt that Dr. Spence's remarks were timely. An esthetic standard was far from being satisfactory from a health

viewpoint.

Dr. G. E. McLaughlin briefly spoke of the necessities of purification, and of sewage disposal, and while now the contamination could be controlled, he was thinking of the time when we will have danger from algae growths in the reservoirs, and from excess of organic waste. In reference to the sewage deposits in the Rockaway River there might come a time when it would be so overloaded with bacteria that chlorification would not take care of it. He then touched on the tank and filter method which, of course, would entail expense, but he hoped D. Spence's remarks would be acted on.

A motion was made that the chair appoint a committee on the water investigations, to take the affair into consideration and report at the next meeting. The president named Drs. W. L. Pyle, Dr. Spence and Dr. Edsall.

Dr. W. L. Pyle thought that anyone who served on this committee and spent time should be pa'd, in response to which Dr. Spence mentioned that he was at present serving without remuneration, and he was in the peculiar position that everything he might say would be a criticism on his own acts, but, nevertheless, he believed that without expense he could furnish the committee with expert testimony.

The chair directed the committee to bring

in some definite report next month.

After some discussion as to the advisability of continuing the Down Town Club as a meeting place, it was moved and carried that for the remainder of the society year the society meet at the Carteret Club.

Dr. E. Klein of Bayonne claimed that Alphonso De Mercurio was practising medicine in Bayonne without a license, and he felt the society should secure the evidence necessary to convict, appropriating a certain sum therefor.

Dr. E. T. Steadman mentioned that the local board of health had the authority to stop illegal practice. Dr. Larkey, Bayonne, did not believe that the board of health had anything to do with the practice of medicine. He stated it was in the hands of the prosecutor, and in the case in question he had done nothing.

Dr. Arthur T. Haskings was of the opinion that no particular stipulation could be made, as it might require much expenditure to secure the necessary evidence. Illegal practice of medicine was a violation of the State criminal law. He cited several convictions in recent years—many illegal practitioners and midwives were caught by signing death certificates, and it was up to the prosecutor. In this way there would be eliminated any liability for civil suit for false arrest, as the matter would be in the hands of the prosecutor and grand jury.

The motion to appropriate funds in this case

was lost.

Three new members were proposed, viz: A. G. Feudrich, Weehawken; T. R. Commorato, and Thos. W. Connolly of Jersey City, and referred as usual to censors.

Drs. Geo. Ginsberg and J. F. Zenneck, of Hoboken, and Frank J. McLoughlin of Jersey

City were duly elected as members.

Dr. W. L. Pyle exhibited four patients illustrating the Schick Reaction: (1) Showing none; (2) gently marked; (3) violent; (4) fading. He exhibited the apparatus used by the department of health, New York City, and also that sold by Mulford. He stated that the value of the Schick toxin test for immunity in diphtheria nas been fairly well established, and accepted as reliable by numcrous investigators. The test offers a simple and reliable method of separating persons likely to be attacked by diphtheria from non-susceptible individuals. Systematic observatoin by numerous workers (Schick of Vienna, Parke of New York, and Kolmer of Philadelphia) indicate that the blood serum of 90% of adults, 80% of the new-born and 50% of children have sufficient diphtherctic antitoxin to make them insusceptible to d'phtheria.

The reaction depends on the local irritant action of minute quantities of diphtheria toxin when injected intra-cutaneously in the absence of antitoxin. Test: An all glass 1 c.c. syringe and a fine platinum needle. Technic: Upper part of the forearm. Soap and 90% alcohol. Introduce the needle into the skin and not through

it, just deep enough to cover the opening of the needle. A dilution of a frcsh standard solution of diphthtoxin is made of a strength that one (1) c.c. contains 1/50 of a minimum lethal dose for a 250 Gm. guinea pig. Injection given—You notice immediately a white bleb-like clevation studded with pits, corresponding to the hair follicles; it lasts several minutes

Result: At the end of twenty-four hours, if antitoxin is absent, or insufficient for protection, a positive reaction appears which is a constantly increasing circumscribed area of redness (halo), and induration of 10 to 25 M. M. in diameter. Height at 48 hours. Persists for a week, then fades with a brown pigmentation and some scaling. A positive reaction means that there is less than 1/30 unit of antitoxin in each e.e. of the patient's blood serum. 1st. In conducting Schick's toxin test for immunity in diphtheria, it is advisable to inject 1/40 to 1/50 of the minimal lethal dose for a 25 Gm. pig, so diluted with normal salt solution as to be contained in .05 or 10 c.c. The small amount reduces the trauma of the epidermis to a minimum. 2nd. When time permits it is better to read the reactions at the end of 48 hours than at 24 hours, owing to pseudo reactions from trauma of the skin or a local anaphylaxis found in many persons from any protein injections 3rd. The use of a boullion fluid as a control. composed of a dilution of 1/10 or 1/100 will aid in the detection of any skin hypersensitiveness, that is especially shown in those suffering from scarlet fever and measles. Schick's test will obviate the necessity of giving antitoxin in 40 to 50% of persons, but it is better in the presence of exposure to diphtheria to err on the side of safety and give antitoxin to an immune than to withhold it from a person immune. The best preparation of skin is soap and water and then 95% alcohol.

Dr. H. J. Spaulding of the town of Union gave a ten minutes talk on "Heliotherapy." He described the gradual development of this therapy and its application to various lesions. He cited the work and results of Rollier. He gave some of his personal experiences with the method.

Dr. B. S. Pollak, medical director of Aubercular Hospital, Laurel Hill, was asked to open the discussion, and although he had not anticipated the call, he was much interested in the subject, as he had recently read an article by Lysen, ehairman of a committee who investigated results in Switzerland; also a work by Woodruff of the U.S. Army on ethnology, in which another view of the matter is set forth. The speaker was now of the opinion that T. B. was primarily respiratory with initial symptoms in the respiratory tract; secondly, as gland and bone tuberculosis, and third stage, phthisis pulmonalis; so we have had the pulmonic and secondary stages manifested at one time. Dr. Spaulding had quoted Rollier's results, but we should not forget that they were achieved under most excellent climatic conditions. He believed that activity of T. B. bacillus was more important than the rays of the sun. In fifteen cases of tubercular hip-several of costal tuberculosis—five tuberculosis of knee, one of ankle, and several dozen cases of T. B. adenitis the treatment of Rollier was used. Some relief was shown, but he called attention to the fact that coincident with heliotherapy

these patients were kept at rest and the active process subsided, and experience has taught that the essential factor in the treatment of bad hips, clbows, knees, etc., is absolute rest.

He eited a particular case of tubercular knee where heliotherapy gave no results, and unfortunately the individual was anaphalytic to tuberculin. Dr. Bogardus put the knee at rest in a cast for three months and afterwards the case did exeeedingly well. Rollier's works read well, and he felt that anything in advanced cases should be given a trial, but the other great fundamental facts in treatment should not to be overshadowed by heliotherapy. believed that blondes and brunettes were differently affected thereby; that the brunette could stand much more and that blondes were more benefitted by low temperatures. In the last year he had changed his opinion on several things in the treatment of tuberculosis.

Dr. Rosenkranz spoke of the investigation in New York Public Schools to try to find out why on rainy days children were naughty, and good on fair days. He had a case of tubercular htp. with multiple sinuses, and apparently hopless. The child was kept out continually on a piazza, where there was not much sun, and got well.

Dr. Freile raised the question of perhaps all the beneficial results of heliotherapy, particularly in local conditions, was not due to the hyperacuia produced. He had used heliotherapy in two burned eases, with excellent results, and has had just as good response in several eases of varicose and indolent ulcers by the application of the Leucodescent light.

Dr. Shapiro, Bayonne, beleived that in lupus vulgarus, etc., heliotherapy acted directly on the bacilli, and also produced hyperaemia, giving the benefit of the chromatic light and upper violet ray.

Dr. Sprague stated that at the Children's Hospital fifteen cases of sinuses had sun treatments. They also had immobilization and good nourishment. So it was questionable how much was due to the sun exposure, and to the other well recognized surgical and hygienic helps

Dr. G. H. Sexsmith, the President, was impressed with the statement of Dr. Pollak in regard to his ehange of opinion. He realized that Dr. Pollak had extensive experience in tubercular cases, and he might change again in a year. He believed the short statements of Doctors Freile and Shapiro furnished food for thought—that the direct sun's rays produced hyperaemia and killed germs, and he wanted to emphasize the importance of immobilization.

Dr. Sexsmith appointed Drs. Gray, Pyle and Freile on the Annual Dinner Committee, to be held in January, 1916.

As a committee to work in conjunction with the health bureau, he named Drs. Forman, Dickinson and Finke.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The annual meeting of the Hunterdon County Medical Society was held in Flemington on October 26th, with a good proportion of the members present.

Under the report of sections, Dr. L. T. Salmon, chairman of the Section on Practice gave a very interesting talk on Myasthenia Gravis. He also reported the case of a cigarette fiend

in which he and Dr. Romaine removed the tonsils. The anaesthetic-gas-ether- was taken badly and great difficulty was experienced in reviving the patient. He emphasized the necessity of previously inquiring into the patients history in regard to the use of cigarettes. He also reported the case of a girl with major hysteria, in which one hand had been so tightly closed for four weeks, that it was impossible to force it open, except when she was asleep. Dr. I. Topkins reported a case that was being treated for hysteria in which a blood examination showed the plasmodium malaria. He also reported the case of a man with esophagismus in which a stomach tube could not be passed until he was etherized. After emesis the power to swallow returned. He also reported a case that had been treated for years for rheumatism of the shoulder. The part swelled and he opened it letting out a lot of pus. He made a plea for greater thoroughness in eliciting of symptoms, history, etc.

Dr. E. W. Closson, under the Section of Surgery, reported the case of a patient with gall stones who at the operation, in addition to the gall stones, was found to have a sac lying along a portion of the duodenum containing eighty-eight cholesterin stones. This sac was entirely separate from the lumen of the bowel and had probably been a diverticulum which had become closed.

Dr. G. N. Best, chairman of the Section on Therapeutics read an article from the New York Medical Journal on the Horowitz-Beebe Autolysin treatment of inoperable cancer. This was commented on by Dr. J. A. Betts and others. Dr. Betts also gave the results of his observations on four cases of cancer treated by an extract of cancer administered hypodermically, in which all the patients died.

Dr. Betts, the essayist for this meeting, read a paper on appendicitis, with the report of a case in which at operation the appendix was found to have almost completely amputated itself. This was discussed by the members.

Dr. Correll, of the Easton, Pa., private hospital, who was visiting the society, reported a case of auto-amputation of the appendix occurring in his practice, with some remarks on the ill effects of drainage in these cases.

The State Society having asked for a committee from this society to act with their legislative committee, Drs. Leon T. Salmon and Louis C. Williams, both of Lambertville, and Harry M. Harman, of Frenchtown, were appointed.

The election of officers for the ensuing year was as follows:

President, Dr. A. H. Coleman, Clinton; first vice-president, Dr. A. D. Gary, Ringoes; second vice-president, Dr. J. A. Betts, Bloomsbury; treasurer, Dr. E. W. Closson, Lambertville; secretary, Dr. O. H. Sproul, Flemington; reporter, Dr. M. H. Leaver, Quakertown.

Consors—Drs. G. L. Romine, of Lambertville; G. N. Best, of Rosemont, and L. T. Salmon, of Lambertville.

Delegate to the State Society—Dr. F. A. Thomas, of Flemington; alternate, Dr. J. J. Rufe, of High Bridge.

After adjournment the members dined at the Hotel Flemington.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The regular annual meeting of the Middlesex County Medical Society was held at the Mansion House, New Brunswick, October 20th. Twenty-five members were present and also Dr. W. A. Clark, of Trenton, Council for our District and Dr. G. C. Seibert, of Orange.

The most important business transacted was

The most important business transacted was the election of officers for the ensuing year, as follows:

President, Dr. Frank M. Donohue, New Brunswick; vice-president, Dr. Clarence A. Hofer, Metuchen; treasurer, Dr. D. C. English, New Brunswick; secretary and reporter, Dr. F. L. Brown, New Brunswick. Delegates to the State Society: Drs. H. Gross, J. L. Lund, H. C. Voorhees; Alternates: Drs. L. P. Runyon, G. W. Fithian, B. M. Howlcy.

Drs. A. C. Hunt, D. C. English and W. E. Ramsay were appointed a committee to co-operate with the State Society's Committee on Legislation.

Dr. Edgar C. Seibert, of Orange, read a very able paper on "The Relation of Coloptosis to Intestinal Stasis." He spoke on constipation as a symptom that has given rise to many terms and has called forth many diversified therapeutic measures. Treatment is prophylatic, medical and surgical. In surgical treatment each individual case must be carefully studied and selected and the method or methods best adopted should be used. He reported seven cases of young patients who had tried several different measures for relief witihout avail. These were greatly relieved and some cured by surgical treatment.

The paper called forth considerable discussion in which Dr. Seibert was warmly congratulated on the value of his paper and the success obtained in the cases reported.

The society and its guests then partook of an exceedingly good dinner.

OCEAN COUNTY.

William G. Schauffler, M. D., Secretary.

The Ocean County Medical Society held its annual meeting at the house of Dr. Schauffler, Lakewood, on November 3rd.

One new member, Dr. Herbert O. Willis, of Beach Haven, was elected.

The president appointed the following members as the Legislative Committee for Ocean County: Dr. V. M. Disbrow, Lakewood, chairman; Dr. J. Lewis Lane, Tuckerton; Dr. Frank Brouwer, Toms River. This action was ratified by the meeting.

The following officers were elected: President, Dr. Stewart Lewis, Lakehurst; vice-president, Dr. V. M. Disbrow, Lakewood; secretary, Dr. W. G. Schauffler, Lakewood; treasurer, Dr. I. H. Hance, Lakewood; annual delegate, Dr. George W. Lawrence, Lakewood; reporter, Dr. Ralph R. Jones, Toms River.

During the year two members have been dropped: Frank Denniston, Point Pleasant, for non-payment of dues, and Oran A. Wood, formerly of Forked River, who has moved to Penn Grove, Salem County.

Three new members have been elected during the year: Dr. J. Lewis Lane, Tuckerton; Dr. J. Edgar Todd, Toms River, and Dr. H. O Willis, Beach Haven.

SALEM COUNTY.

Norman H. Bassett, Reporter.

The annual meeting of the Salem County Medical Society was held at the Nelson House, Salem, on October 6th. Dr. Henry D. Jump, of Philadelphia, read a very interesting paper on "Diagnosis of Conditions in the Abdomen." He spoke from the viewpoint of the physicians. Dr. E. A. Y. Schellenger, of Camden, opened the discussion and spoke from the viewpoint of the surgeon.

Election of officers as follows: Dr. George W. Fitch, president; Dr. C. Percy Lummis, vice-president; Dr. John F. Smith, secretary and treasurer; Dr. Norman H. Bassett, reporter; Dr. R. M. A. Davis, annual delegate to the State Society; Dr. C. Percy Lummis, alternate delegate.

TRI-COUNTY MEDICAL SOCIETY.

Warren, Sussex and Morris.

Charles B. Smith, M. D., Secretary. The seventeenth annual neeting of the Tri-County (Warren, Sussex and Morris), Medical Association was held in the High School Auditorium, Newton, N. J., October 12, 1915. The weather was ideal and just fifty physicians took a day off and from the expressions heard.

took a day off and from the expressions heard, it was a meeting thoroughly enjoyed by all. The dinner served at the Cochran House, from a quantitative, as well as a qualitative test, was far ahead of the average banquet.

Officers of the State Society who made merry with us were, Drs. Thos. N. Gray, Wm. J. Chandler, D. C. English, Christopher L.

Beling and Henry L. Coit.

At the morning session, the president, E. A. Ayers, A. M., M. D., read a paper on "The Conservation of Infant Life by Organizations"; Britton D. Evans, M. D., vice-president, read a paper on "State Care of Insane," after which the following resolutions were unanimously adopted:

(See page 573, November Jour.)

After dinner we were entertained by Fordyce Barker St. John, M. D., assistant surgeon at Presbyterian Hospital, N. Y., who gave a most interesting and instructive talk with illustrations of his "Experiences in Hospital and with Ambulance" during war in France last year.

The following officers were elected:

President, Dr. B. D. Evans; first vice-president, Dr. Chas. M. Williams; second vice-president, Dr. F. P. Wilbur; treasurer, Dr. F. W. Flagge; secretary, Dr. Chas. B. Smith.

Executive Committee—Drs. Bruno Hood, J.

Walters, F. J. La Riew.

Finance Committee—Drs. Van Gaasbeek, J. M. Reese, H. Kice.

Local Medical Societies.

Hudson County Tuberculosis Clinics Association.

Berthold S. Pollak, M. D., Secretary.

The sixteenth regular monthly meeting of the association of attending physicians of the Hudson County Tuberculosis Clinics was held on Monday, November 8th, 1915. The meeting was called to order at 9.30 P. M. by Dr. B. S. Pollak, acting as president. Present—Drs. G. K. Dickinson, A. E. Jaffin, G. P. Curtis, H. Miner, W. Brady, B. S. Pollak, W. W. Riha, H. J. Spalding, W. S. Branner, A. W. Little, Scott, Chard, Dodson, Rosenstein, Lautmann, F. W. Corwin and H. W. Brown; Misses Allen, Whalen, O'Brien, Benn, Witt, Summers, Madden, Fitzgerald, Shepherd, Sledge, Rider and Monahan.

The minutes of the last regular meeting

were read and approved.

The committee on programme reported the essayists for the December meeting: Dr. H. J. Spalding on "Heliotherapy" and Dr. Frederic J. Quigley on "Surgical Treatment in Pulmonary Tuberculosis."

Professor Maurice Fishberg, of New York, read an interesting paper on the "Dangers of Hasty Diagnosis in Pulmonary Tuberculosis," emphasizing the dangers of infection in infancy and contending that infection in adult life is impossible in view of the fact that at the age of puberty 97% of children are infected. This very interesting paper was discussed by Drs. Chard, Jaffin, Dickinson, Dodson and Pollak.

A vote of thanks was extended to the doctor

for his very excellent paper.

There being no further business the meeting adjourned until Monday, December 13th, 1915, when Drs. Spalding and Quigley will be the essayists.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met on the evening of October 27, 1915, as the guests of Fred Wooster Owen, M. D. The chair was oc-

cupied by James Douglas, M. D.

Among the guests present were T. W. Harvey, M. D., of Orange, third vice-president of the New Jersey State Medical Society; David C. English, M. D., editor of the Journal of the New Jersey State Medical Society, and Anna L. Allaben, M. D., of Morristown. Most of the members of the club were present.

James F. Horn, M. D., of Morris Plains, reported a case of pernicious anemia which had shown marked improvement in the number of red cells under the use of cacodylate of soda

and arsenous acid.

Harry Vaughan, M. D., of Morristown, reported a case of vernal catarrh and advanced the idea that tracoma might be due to infiltration of the cells and involved infection of the conjunctiva by any pus producing organism.

conjunctiva by any pus producing organism. Clifford Mills, M. D., of Morristown, reported another case of eclampsia treated by Caesarian section. The albumen by Purdy's test fell from 40 to 4 within a few hours after the operation. The doctor also stated that he had in many cases of this kind lost the child on the third or fourth day after the operation. He had decided that this was due to a toxin condition of the milk and he was not now allowing children to nurse until the woman's general condition warranted the supposition that toxemia was not present in the blood.

The paper of the evening on "Half Forgotten Heroes" was read by the host, Fred Wooster Owen, M. D. He referred to the fact that many physicians had made names for themselves in other fields than that of the practice of medicine. He referred especially to Oliver Wendell Holmes, M. D., who was

as well known as a poet as a professor, and to S. Weir Mitchell, M. D., whose talent was such as to make him recognized as a leading literateur. He also spoke of well known physicians who had sacrificed their lives on fields of battle, on foreign missions, in sociological research connected with the boards of health, in laboratories and even in the general practice of medicine. There were numerous physicians whose added attributes were sufficient to make them revered by those within and without their circle of patients.

Practitioners' Society of Eastern Monmouth.

Stanley H. Nichols, M. D., Secretary.

The regular meeting of the society was held on the evening of October 14th at the Monmouth Memorial Hospital, Long Branch, N. J., President R. Browning Wilson, of Red Bank, in the chair. The roll call showed present: Drs. Baker, W. K. Campbell, H. E. Shaw, J. D. Welch, of Long Branch; Dr. E. Beach, of West Long Branch; Dr. B. Failing, of Atlantic Highlands; Drs. P. P. Rafferty, G. V. V. Warner, R. B. Wilson, of Red Bank; Dr. D. E. Roberts, of Keyport; Dr. James J. Reed, of Seabright; Dr. James Rowland, of Highlands; Dr. S. H. Nichols, of Long Branch. After the minutes were read and approved, Dr. W. Trout, of Spring Lake, was elected a member.

Then followed the annual election of officers which resulted in the offices being filled as follows: President, Dr. Harry B. Slocum, of Long Branch; vice-president, Dr. Brayton E. Failing, of Atlantic Highlands; secretary, Dr. S. H. Nichols, of Long Branch; treasurer, Dr.

James Rowland, of Highlands.

Dr. R. Browning Wilson, the retiring president, then read an address in which he discussed the improved status of the society since it had met in the hospital and made some suggestions for the coming year. In the latter part of his address he discussed the medicine and surgery of the European war.

The society gave Dr. Wilson a vote of thanks

for his paper.

Under case reports, Drs. H. E. Shaw, W. K. Campbell, B. E. Failing and D. E. Roberts reported very interesting cases.

The society then adjourned and enjoyed a

social hour and refreshments.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club on Friday, October 29, 1915, at 8.30 P. M., Dr. Josiah Meigh entertained and Dr. R. H. Hamill in the chair.

Present: Drs. Bramley, Campbell, English. Gorton, Hamill, Jaquith, Keeney, Krauss, Lamson, Meigh, Moister, Pollard, Prout, Rockwell and Smalley; and about twenty-five physicians from neighorboring cities, as guests of the society.

Minutes of the previous meeting were omit-

The paper of the evening was read by Dr. Mary Crawford, of Brooklyn, who recently returned from Paris, who told of the work being done at the American Ambulance there, the title of her paper being "A Year at the American Ambulance in Paris." She described the

origin and formation of this hospital, and dwelt on the importance of the work to transportation of the wounded done by its ambulances. The French surgeons do most of the actual work of operating themselves, entrusting very little work, and that of a very minor importance, to their assistants or nurses. The British hospitals are all very military and very efficient, and their nurses are very highly trained. Their patients are discharged as soon as possible, and those who will be permanently unfit for further services are sent home to England at once.

Among the foreign bodies found in the wounds are bullets, shrapnel, pieces of clothing, buttons, keys, splinters of wood, nails and even hay. The German steel covered bullet at short range causes a wound of exit almost

like a dum-dum bullet.

In this hospital they handled few abdominal cases, as these were treated at the front. They had no bayonet or sabre wounds, as the victims generally died quickly on the field from the severity of the wounds. Among the infections met with are pyocyaneus, (common, but generally mild), gas gangrene and tetanus. The latter was very common at first, but is rarely seen now on account of antitoxin.

In the treatment of wounds there is always the primary dressing, done on the battle-field, with some strong antiseptic to delay infection. Patients are removed as hastily as possible to the Base Hospitals. Free incision, with adequate drainage, is always done, and continuous drainage is very efficient. The fresh air treatment of wounds has proved very satisfactory, also exposure to electric light, under a cradle.

Gas gangrene is treated by wide incisions and drainage, and irrigations with hypertonic solutions. If this fails, amputation is necessary. Injection of oxygen into the tissues has not proven a success. Injection of quinine hydrochloride, however, offers promise of great help. The work of dental surgery combined with plastic operations to build up new parts of the face were especially commented on.

Dr. Crawford illustrated her remarks with many interesting photographs, showing the destructive effects of wounds and the striking results obtained by plastic surgery.

The meeting adjourned, and refreshments

were served.

(The Bayonne Society report was received too late for insertion; will appear next month).

National Organizations.

Medical Editors' Association.

The forty-sixth annual meeting of the American Med'cal Editors' Association closed its two-day session at the Hotel McAlpin, New York City, October 19, 1915. The following officers were elected: Dr. Edwin C. Register, of Charlotte, N. C., editor of "The Med'cal Journal," president; Dr. W. A. Jones, of Minneapolis, second vice-president, and Dr. J. MacDonald, of New York, secretary and treasurer.

National Commission for Preventing Bl'ndness.

A campaign against preventable blindness was inaugurated in New York City on Novem-

ber 4th, which has co-ordinated the activities of allied societies in various States. Joseph H. Choate, an honorary vice-president of the committee, presided and the speakers were former President William H. Taft, honorary president of the committee, and Dr. George E. De Sehweinitz, professor of ophthalmology in the University of Pennsylvania.

Surgeons' Clinical Congress at Boston.

At the annual meeting of the Clinical Congress of Surgeons in Boston, the following officers were elected: President, Dr. Fred B. Lund, Boston; viee-presidents, Drs. Jasper Halpenny, Winnipeg, Man., and Samuel M. D. Clark, New Orleans; general secretary, Dr. Franklin H. Martin, Chicago (reclected); and treasurer, Dr. Allen B. Kanavel, Chicago (reclected). Philadelphia was selected as the next place of meeting.

The American Society for the Study of Alcohol and Other Narcotics.

This society wil hold its 45th annual meeting at Washington, D. C., December 15th and 16th, 1915.

This was the first society of medical men in the world to take up the scientific study of aleohol and other nareoties. Its papers and transactions have been published in the Journal of Inebriety, and eomprise the first seientifie literature on this subject.

Thirty-one papers will be read at this meeting, by specialists and distinguished medical and seientifie men. These studies will be confined exclusively to the effects of alcohol and drugs on the body and brain, based on laboratory and clinical experience.

Medical men and the public are cordially Programes can be had by addressing the secretary, Dr. T. D. Crothers, Hartford, Conn.

Miscellaneous Items.

Dr. Bulkley's Lecture on Diseases of the Skin.—The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley, assisted by the attending staff, will give a seventeenth series of elinical lectures on diseases of the skin in the Out-Patient Hall of the hospital on Wednesday afternoons, beginning November 3, 1915, at 4.15 o'eloek. The leetures will be free to the medical profession on the presentation of their professional eards.

Academy of Medicine, Northern New Jersey. Section on Pediatries, Dee. 8th, 4.15 P. M. Clinical meeting. Program to be announced.

Section on Medicine, Dec. 14, 8, 45 P. M. Report of cases. Beef, Heart, Aneurysm of Aorta, by Dr. J. H. Rosenerans. A Case of Leprosy, by Dr. C. J. Hailperin. Paper by Dr. R. C. Connolly and members of his staff, "The Mun'eipal Laboratory.'

Stated meeting, Dec. 15th, 8.45 P. M. Paper by Warren Coleman, M. D., Prof. of Clinical Mcdieine, Cornell University, on "Industrial Relations of Heart Disease.'

Section on Surgery and Gynecology, Dec. 28th, 8.45 P. M. Symposium on Tubereulosis: Socialogical Features, by Dr. C. V. R. Bumsted; Physiology of Early Tuberculosis, by Dr. S. A. Knopf; Joint and Spine Tuberculosis, by Dr. C. E. Selvage; Some Surgical Phases of Tuberculosis, by Dr. A. A. Strasser.

Nose and Throat Section-To be announced

by a postal eard.

Committee on Public Health Education.

The committee has announced the following leeturers whom they offer to home and sehool associations, woman clubs and other organizations interested in the prevention of d sease and the preservation of health. The expenses only of leeturers it is expected will be met by the organizations.

Dr. Frederick C. Horsford, 305 Belleville avenue, Newark. Subjects: "Some Preventive Measures against Disease;" "A Study of Mental Conditions in Relation to Physical Ones.'

Dr. Thomas N. Gray, 20 Halsted street, Orange: "Prevention of Tubereulosis;" "Saving

Dr. Armin Fiseher, 42 16th avenue, Newark, "Physical and Mental Examination of School Children" (in German).

Dr. Guy Otis Brewster, Dover: "Care of the Eye, Ear, Nose and Throat;" "Causes of Deaf-ness and Impaired Vision"; "Neeessity of the

Examination of Special Senses in Schools."
Dr. H. W. Rice, Wharton: "Conservation;"
"Uneducating;" "Mothers and the School Room;" "Wasted Energy."

Dr. Helen F. Upham, Asbury Park: "Eye Strain;" "Care of Eyes, Ear, Nose and Throat;" "Colds in the Head."

Dr. Edward Gu'on, Atlantic City: "The Health Officer's Problem."

Dr. Maria M. Vinton, 15 Halsted place, East Orange; "Health and Development of Children": "Prenatal Hygiene"; "The Duty of the Mother to the Sehool Inspector;" "Foods and Nutrition for Babies and Children."

DO NOT FORGET THAT WE ARE WORKING TO HAVE ENROLLED 2 000 MEMBERS WHEN WE MEET NEXT JUNE TO CELEBRATE THE 150th AN-NIVERSARY OF OUR SOCIETY.

LET EVERY MEMBER HELP IN THE EFFORT TO HAVE EVERY REPUTA-BLE, LEGALLY QUALIFIFD PHYSICIAN ENROLLED AS A MEMBER. IT IS NOT MERELY A MATTER OF PRIDE, BUT IT MEANS MORE PER-FECT ORGANIZATION, FOR THE INDIVIDUAL MEMBERS AND THE PRO-FESSION'S SCIENTIFIC ADVANCE-MENT AND ECONOMIC WELFARE.

An American Physician a Russian General.-Dr. Philip Newton of Washington has been appointed surgeon of the Russian Sixth Army Corps, with the rank of general. Dr. Newton went to Russia in charge of a Red Cross unit.

Dr. Ralph H. Hunt, Orange, was a delegate to the recent meeting of the North Atlantic Conference on Tuberculosis.

Dr. Alexander McAlister, Camden, has been eleeted secretary of the State Board of Health, to fill the vacancy oceasioned by the death of Dr. H. G. Norton. He will continue his praetiee of medicine in Camden.

THE JOURNAL

Medical Society of New Jersey

DECEMBER.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor, New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter peraining to the business management of the Journal hould be addressed to

AUGUST A. STRASSER, M, D., Arlington, N. J.

PUBLICATION COMMITTEE:

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The Editor sends greetings to every reader of the Journal, wishing him or her a verv

Merry Christmas

in personal, family and professional life. May the entire holiday season be full of health, happiness and prosperity, and so prove a fitting preparation for the beginning of a new year's work.

THANKSGIVING.

We have just passed the annual Thanksgiving Day, when we recalled—as was eminently proper—the great reasons we have as American citizens, to express our devout gratitude to God for the abounding blessings we are enjoying; for the enormous crops that have rewarded the farmers' labors; the prosperity in business life and the comforts and happiness in home life, and especially that in the contemplation of an unrighteous and infamous war that is making several other nations bankrupt, destroying millions of lives, deforming, crippling and making degenerate many more millions, we are enjoying peace throughout our borders, and many manufacturers are actually making millions furnishing war and other supplies to the warring nations. We mention this latter fact with no feelings of rejoicing. May God speed the time of peace—a righteous, lasting peace—and we would gladly forego the

millions made out of this terrible conflict.

As a profession we have cause for thanksgiving for the magnificent record our physicians—and we will not forget the splendid work of their associates, the nurses—have made in the field and hospital work among the hundreds of thousands of the wounded and dying on the battle fields of Europe. Some of the hospitals, in charge of American surgeons—notably Carrell, Blake and Brewer, rank among the best for service and results, that have called forth the praise of the nations' rulers and the leading surgeons of Europe. New Jersey's sons have been among the number of faithful, competent surgeons and her daughters among the faithful nurses.

Next month we expect to refer to the subject of Gratitude and in the meanwhile ask our readers to carefully read the editorials from the Providence Medical Journal and the Camden Courier on pages 624

and 625 respectively.

DO NOT FAIL TO REMEMBER THAT THE ANNUAL DUES ARE PAYABLE JANUARY 1ST. MAKE ARRANGE-MENTS TO COLLECT THEM PROMPT-LY.

LET E VERY MEMBER PROMPTLY IN ORDER TO HAVE HIS NAME IN THE OFFICIAL LIST; TO BE REPORTED TO THE A. M. A. AS IN GOOD STANDING AND TO SAVE THE COUNTY AND STATE SOCIETIES' TREASURERS TROUBLE AND WORRY.

NOSTRUMS.

There is no doubt that the "patent medicines" evil is one of the worst that affects the medical profession and the public alike, and there should be a determined and persistent effort to either wipe it out or compel the owners and manufacturers of these noxious compounds to disclose their formulae-giving their ingredients and the amount of each ingredient. There is no doubt that most of the patent medicines are swindles and that the claims made for their therapeutic effects are false and fraudulent. It has been charged that some physicians who are too lazy or too ignorant to write prescriptions, frequently prescribe them. We hope that charge is false, but if true, they are aiding and abetting fraud and doing a vast amount of damage to the profession and a grievous wrong to their patients.

Every doctor who desires to protect his own and the profession's reputation should prescribe nothing of which he does not know the contents and the therapeutic ef-; fects of, as such practice savors of quackery. Not only so, but he is needlessly and thoughtlessly curtailing his own practice and income. The commercialistic druggist will tell those who consult him, that Dr.—prescribes this and he—contrary to law and ignorant concerning disease—prescribes it and the patient recommends it to other sick ones.

The revised health code of New York City requires that on and after December 31, 1915, patent or proprietary medicines must either bear on their labels the names of the ingredients or the names of the ingredients must be deposited, in confidence, with the department of health. There should be enacted a law by the Legislature of New Jersey providing such disclosure of the ingredients of such "medicines" and every doctor should use his influence to secure such a law. The New York Tribune, in an editorial, November 2, says:

By strengthening its regulation and requiring the filing of a list of ingredients of socalled patent or proprietary medicines the Board of Health has served notice on the patent medicine fakers that it intends to enforce that provision rigorously. They are talking fight. They should have all the fight they want, and Dr. Goldwater seems determined to make it a hot one.

No reputable proprietary medicine, for which false claims are not made, can be harmed by the enforcement of this regulation. There will be no revealing of "trade secrets." The formulae will go on file in a bureau of the Board of Health, and will be inspected only by responsible, trustworthy officials of that department. Several important wholesale drug concerns have told the Health Commissioner they would comply with the rule when it went into effect.

Only the makers of "cures" who dare not submit their nostrums to a fair official analysis in connection with the extravagant claims they make for them will object. Such manufacturers are a menace to the public health, and are properly within the scope of action of the Health Department. There should be no mercy for the fakers.

The nostrum makers are making a strenuous fight, spending enormous amounts of their ill-gotten wealth to prevent any disclosure of their frauds or curtailment of their incomes. The A. M. A. Journal of November 13, represents the *National Druggist* as favoring these men and urging patent medicine makers to refuse to obey the law that is to go into effect in New York City December 31st. It is one of the favorable signs of the present day that the respectable newspaper publishers are awaking to a sense of their responsibility and they are shutting out from their advertising columns the advertisements of these

health impairing and life-destroying nostrums. They are beginning to realize the fact that the doctors' warfare against these nostrums is a part of our unwearying altruistic work for the public welfare that means great loss of income to us personally. Let us continue the good work. That there is still great need of earnest, persistent warfare note the following which we take from one of the better class of our newspapers:

This preparation is the greatest ginger-up stimulant and nerve vitalizer ever known for putting the good old "pep," ambition, courage and real vital energy into a tired, run-down and shattered neverous system. * * * Margo seems to go straight to the nerve cells and starts work the minute it reaches them. It brings a ten-minute change from that awful dull, weak, lazy, don't-give-a-hang feeling to brightness, strength, clear headedness and courage. It claims and strengthens the nerves of people who get the "jumps" and fidgets, and gives them poise, power and tremendous reserve energy.

This was inserted in that misleading, deceptive manner that characterizes many of the advertisements of nostrums. It was headed, in large caps—"What to do when the nerves go wrong; a Physician's Advice," and the only indication that it was a paid-for advertisement was the letters at the end in small type, "Adv.," which the ignorant or thoughtless reader would be likely to overlook. The names of the drug stores in the city where this marvelous (?) nostrum could be obtained, were given.

Surely we need laws to protect our citizens' lives and health and we need to insist upon their enforcement after their enactment and we also need to stir up the consciences of newspaper publishers.

HARMFUL PUBLICITY

There is such a thing as too much publicity of a dubious or pernicious kind in matters medical, where individual practitioners and their patients become too prominent. We refer to instances where newspaper reporters and publishers, pandering to the desires of a curiosity and sensation-loving or a mawkish sentimentality-inclined public, invade the sacred precincts of the home and drag its inmates who are physically or mentally defective into the public gaze and subject them to its gossip and its hasty judgment, founded on distorted and extravagant statements. have been deluged in many newspapers with the opinions and judgments, pro and con of the Chicago baby case and later of a New York case—the worst of it is that they are likely to multiply in number—several of them by doctors which have been wise or otherwise.

We believe that all intelligent and conscientious physicians have a high conception of the sacredness of human life and that they never feel justified in contributing to a death or in deciding as to the right of an infant to live or die. Our duty is to save human life, leaving the issues, after we have done our duty, in the hands of a power superior to ours. We do not wish to pass judgment on the physicians in charge of these cases as we have only newspaper reports; according to the more careful reporters, they did not propose to take the lives of these infants, but only declined to perform operations which might possibly have prolonged life. If the infant should die under operation would the physician's incompetent critics have charged him with having taken its life?

We only add our decided conviction that such cases should not be left to the decision of *one* physician—he ought not to take the sole responsibility—but there should be a consultation of the ablest pediatrists or—in cases involving mental deformity—of alienists who should together decide the question as to the method of treatment or the question of non-treatment.

DRS. NORTON AND TRUDEAU.

Two deaths have recently occurred of doctors with whom many of our members have come in more or less close personal touch—Drs. Horace G. Norton and Edward L. Trudeau.

ward L. Trudeau.

Dr. Norton had been the secretary of our State Board of Health for several years and rendered able and efficient service as a member of the board and as its secretary. He took a deep interest in the work of our State Society and rendered good service to the profession in aiding our Society's Committee on Legislation in its efforts to raise the standard of medical education and to secure a just and wise medical practice law for the protection of the public.

Dr. Trudeau was one of the ablest leaders in the great warfare against tuberculosis. Having been himself a sufferer from the disease, who lived for forty years after he had been given by his physicians but six months to live, he adopted at Paul Smith's and later at Saranac, the fresh air,

sunshine and diet treatment and his forty added years tell the result to himself and to multitudes of others who have followed his example and teachings. We add the following from the Newark News: Dr. Trudeau taught the world that one need not despair when the lungs are affected. His professional career was rich in results, one proof being the wide-spread adoption of ideas developed at Saranac. But, perhaps, more than all else those who knew Dr. Trudeau will remember the inspiration which he afforded to those into whose lives disease had brought tragedy; they took up the fight not only with courage but with joy. The "good physician" was rightly the name by which Dr. Trudeau was best known.

DO NOT FORGET TO READ OUR ADVERTISING COLUMNS. FAVOR THOSE WHO HELP US BEAR THE COST OF THE JOURNAL, BY PATRONIZING AND RECOMMENDING THEM. THEY ARE RELIABLE FIRMS AND INSTITUTIONS. WE ADMIT ONLY THOSE THAT ARE.

THANKS FOR KIND WORDS.

We take the following from the October Journal of the Florida Medical Association:

"We congratulate the staff of *The Journal of the Medical Society of New Jersey* on the step they have taken and extend to the Medical Society of New Jersey our wishes for continued prosperity for both their association and their very excellent official organ."

The following is from the October issue of the Texas State Journal of Medicine:

"Among the several lively publications that come to us each month, The Journal of the Medical Society of New Jersey has always proven to be one of the most attractive. We have on more than one occasion wondered why the New Jersev State Medical Society did not conform its advertising policy to that adopted by practically all of the other State journals, which is the standard of The Journal of the American Medical Association. While the advertising pages were apparently governed with some consideration for the ethical side of the question, many indeterminate and nondescript proprietaries, the worst offense of which is that they refused to conform to any standard set by the medical profession in the matter of ethical control, were included, and this failure on the part of New

Jersey to support a vital principle, for which we were all fighting, always appeared singular. New Jersey is a small State, the profession not numerous as compared with some of the other States, and their journal rather an ambitious effort in view of these facts. The advertising field open to them at the time was rather remunerative, and there was strong doubt as to whether sufficient support could be secured from the strictly ethical concerns, to continue their publication up to the usual standard.

"* * * We are pleased, indeed, that the New Jersey Society has finally decided to hew to the line and let the chips fall where they may. They have adopted the advertising policy of The Journal of the American Medical Association, and henceforth we can be proud of their publication with-

out reserve.

"And so the fight goes on. There are now twenty-five State journals with the standard advertising policy, and five or six independent journals. This out of 350 medical publications in the United States."

Editorials from Medical Journals

A Publication That Is Always In Wrong. From the Critic and Guide.

There is a publication called "Medical Freedom" which serves one very useful purpose: You may be sure beforehand that anything you see there isn't so. You may with perfect safety support anything it opposes, and oppose anything it supports. It attacks scientific medicine, it opposes sanitation and all measures designed to protect the people's health, while it defends and takes under its sheltering wing every sort of quackery and humbuggery for which this rich land of ours is so famous. But the publication is so uniformly -so consistently in the wrong-that it can be taken as an infallible guide: Medical Freedom opposes something—then support it. advocates something-you are safe in opposing

No, the publication is not vicious: it is simply stupid.

Gratitude of Patients.

From the Providence, R. I., Medical Journal.

As physicians we probably have much to be thankful for. One of the things, however, for which we seldom have occasion to give thanks is the gratitude of our patients. The time was when we could show with pride a silver loving cup, a gold watch or a sum of money which was given us by a "G. P.," but these instances are now so rare that they are to be regarded as a curiosity of medical life and not an essential part of it. A physician in this city was recently engaged to attend a woman in confinement, as he had done on three previous occasions, and the time was set for the last week in June. His vacation, which usually was in July, was postponed, and during the sweltering heat of the summer month he waited patiently for the summons to the labor. It was delayed, but conscientiously he remained in his office, or within telephone call, week after week, feeling that his only recompense would be the gratitude of the patient, who would appreciate his consideration. sweltering night the last of July he jumped on a car in an endeavor to get cool, and while on his way the summons came to attend the patient. When told that the doctor had gone to Pawtuxet to try and get cool, the patient promptly employed another physician, stating that if the doctor did not care enough for her interest to stay at home, she would have no further use for his services.

In varying degrees this is not an unusual occurrence. Long-continued and faithful service docs not always bring the degree of grati-

tude which it merits.

The Physician's Ecconomic Condition.

From Critic and Guide, New York.

A case has recently come to my notice of the poverty in a physician's family which is truly pitiful. Fourteen years in practice and unable to make a living; not a luxurious living, but not enough for the barest necessities. And there is no hope of any improvement. In fact, in the last few years conditions have been getting worse. And not because his family has become bigger, but his actual income from practice has become less. The man is not brilliant, but he knows his business, is a careful diagnostician and a conscientious man. Unfortunately he does not possess much personel magnetism and is devoid of social graces, nor is he a good mixer. Under Socialized Medicine the lack of these qualities would count for little; under our individual competitive system they count for very much. As I said the man's condition is truly pitiful. More than once has he been threatened with dispossess. And the worst of it is that unless something be done for him his condition is likely to be getting worse and worse. For if a physician is poor, and his clothes get shabby, and the wife opens the door and the office is empty, the few patients he has are not slow in noticing it and they also begin to stay away. Consciously or unconsciously they reason that he must be an incompetent doctor, otherwise he would have more patients; having so few patients, he cannot have much experience, etc., etc. And so they also begin to drop away, until the doctor's practice is almost nil.

And this doctor's case is not an isolated one. I am told that there are thousands of physicians in New York City, as well as throughout the country, who have the greatest difficulty in making just a bare living. They and their families are actually undernourished, the bigger part of the income going for the rent. a fairly decent office and residence must be kept up-if not, even the few patients they have would disappear. They are worse off and have a harder struggle than ordinary workingmen. What is to be done?

This question is now agitating the minds of a great many physicians, and several Physicians' Economic Leagues have been formed,

having for their object the improvement of the physician's economic condition.

We wish them the utmost success. A physician who is worried, undernourished and does not know where his next meal or his next rent are coming from, can not give the best medical service. It is to the interest of the public that the medical profession be prosperous and independent. Every effort to improve the doctor's financial condition should therefore be encouraged, as being in the interest of public welfare.

But our Economic Leagues will accomplish but little if they remain satisfied to deal with superficial symptoms and proximate causes only. Hospital and dispensary abuse for instance while undoubtedly contributing somewhat to the physician's economic misery, play but a subordinate role, and the complete correction of that abuse, even if it were feasible, would work but little improvement in the sum total of the economic welfare of the medical profession. To accomplish some real good they must go to the root of the matter; they must search for and find the ultimate cause or causes. And the causes unfortunately lie very deep. They are closely interwoven with the very basis of our social and economic fabric.

Vaccine and Tetanus.

From the Medical Record.

One of the stock arguments of the anti-vaccinationists is that cowpox vaccine may become contaminated with the germs of infectious disease and so transmit the latter to the innocent victim of the assault by the vaccinator. It cannot be denied that tetanus has sometimes attacked recently vaccinated persons, and so there is some plausibility in the contention of the anti's that the tetanus spores were implanted with the vaccine virus. repeated charges that such has been the case have led Dr. John R. Anderson, director of the hygienic laboratory, U.S. Public Health Service, to undertake a careful investigation of all cases of tetanus following vaccination reported in the past ten years and he has endeavored to collect accurate data concerning such accidents. The results of this investigation and of a series of animal experiments seem to warrant certain conclusions, of which the following is a summary (Public Health Reports, July 16): (1) It is difficult, if not impossible, to produce tetanus in susceptible animals by vaccination with virus containing large numbers of tetanus organisms which have been purposely placed therein. (2) In view of the failure to demonstrate tetanus organisms in the large amount of vaccine virus specifically examined for this purpose, it seems exceedingly improbable that vaccine virus as sold in the United States contains tetanus organisms. (3) From 1904 to 1913, inclusive, over 31,000,000 doses of vaccine virus were used in the United States. Yet information was obtained of only forty-one authenticated cases of tetanus occurring subsequent to the operation. From this it is concluded that had the virus used during that time in the United States been at fault many more cases of tetanus should have followed vaccination. (4) In view of the large number of vaccinations, about 585,000, done in the United States Army and Navy, and the absence from them of a

single case of tetanus following the operation, the cases of tetanus following vaccination in the country at large were evidently not due to infection contained in the virus. (5) The average period from vaccination to onset of symptoms of tetanus in 83 cases was 20.7 days, while the average mortality of 93 cases was 75.2 per cent, this being slightly higher than the mortality of cases of tetanus due to other causes with an incubation period of ten days or less. The conclusions based upon these studies were that in case of tetanus occurring 15 or 20 days subsequent to vaccination the infection is not received through the vaccine virus, but in all probability is received from outside sources about the tenth day or later after vaccination. The infection with tetanus is a contamination of the vaccination wound. such as may occur in the case of any other surgical or accidental wound not properly cared for.

Editorials from the Lay Press.

The Rare Virtue of Gratitude. Grace Goodheart in Camden Courier.

Of all the virtues it would seem that thankfulness is one of the rarest. Gratitude to man is not any too abundant, but gratitude to God is scarcer still. Men and women do not feel their good things as keenly as their evil things. They are far more impressed by their catastrophies and their troubles and their disappointments than they are by their prosperities and their mercies and their pleasures.

Our losses seems to go deeper than our gains; our disappointments cut a larger figure in our memory than our victories.

We are like Ruskin who confessed that he had the bad habit of rememering the thorns in his fingers and not the bones in them. We overlook the beneficent framework of our life and fix our attention on the incidental unpleasantnesses.

Thankfulness is not a duty only, it is a pleasure. It is an unfailing spring of happiness. A thankful person is never habitually grumpy. Only ungrateful people are sullen. Many of us could increase our happiness by increasing our gratitude. If we said "Thank you" oftener both to God and to man, our smiles would be more frequent.

The Unbalanced Anti-Vaccinationists.

From the Chicago Daily Journal.

There is something about the anti-vaccination propaganda which appeals with irresistible force to a certain type of unbalanced mind. Of every ten letters written to the Journal against vaccination, six belong to a well-marked type. They bristle with adjectives, mostly uncomplimentary ones. They repeat certain phrases over and over again. They overflow with statistics of things that never happened. They impute the most evil motives to all who differ from their pet "ism." Their argument, if present at all, runs in a circle: "I hate vaccination because it is poison, and I know it is poison because I hate it." They show an utter disregard of facts, they ignore the plainest evidence that conflicts with their views, and put absolute faith in the wildest, craziest tales that agree with their preconceived notions. The writers of these epistles may not be insane, doubtless are not, in the usual sense of the word. Neither are they persons whom a thoughtful citizen would choose as trustees of his estate or guardians of his children. They do not stand alone in their opposition to vaccination-if they did, the task of sanitary officers would be easier than it is-but they do furnish a large part of the misdirected energy whose sole effect is to perpetuate a loathsome and dangerous plague.

The Midwife As a Criminal.

From the Cincinnati Medical News.

Physicians, in discussing the midwife problem, are more inclined to lay stress on the right of the expectant mother to the best possible obstetric care, which admittedly the midw fe can not give. There is, however, another aspect of the problem which is not sufficiently emphasized, but which far transcends in importance the many other perplexities which a discussion generally brings forth. Reference is made to the fact that practically no midwife has a clean bill of character in reference to charges of illegal practice.

A writer in the New York State Journal of Medicine, in speaking of the practice of inducing abortion, said that frequently one of the large hospitals in New York City finds it necessary to close the wards to incomplete abortion cases, practically all of which were done by midwives. With the added knowledge which the present-day Hebamme possesses in relation to surgical cleanliness and the seriousness of abortion, she actually is a less danger-

ous factor to the mother, but much more destructive to child life.

Every one recognizes the temptation to the physician from economic or social necessity to do illegal operations. But the midwife has no high moral standard, no consideration of ethics, to prevent her from performing what she is importuned to do. How many pregnancies are interrupted no one knows, for since only the occasional case is made public or comes to the knowledge of the family physician, imagination can at least partially picture the extent of the evil.

No attempt is here made to attempt even a partial justification of the medical profession in this nefarious business in comparison with the blood-guilt of the midwife. The reader of this needs no specific instances to remind · him of the contemptible participation of medical men in this crime. The reader of this, who is presumed to be guiltless, will recall, however, that after all, compared to the total number of medical practitioners in Cincinnati and its environs, there are not so many of his confreres at whom he can point the finger of scorn. It is too bad that such exist to besmirch profession. But the record of the midwife is damnable in the extreme. The writer of this is free to confess he has met but one or two midwives in a practice covering nearly a quarter century whom he has not found reason to suspect of illegal practices. Dozens of his fellow practitioners will admit with regret that they have had like experiences.

Therapeutic Notes.

Alcoholic Gastritis.

Dr. Oettinger prescribes scale pepsin in doses of one-half gram in cachet after meals, together with tablespoonful doses of the following mixture:

Dilute hydrochloric acid,..... grams. Syrup of lemon,......100 grams. Distilled water,.....200 grams. -Gazetta degli Ospedali e delle Cliniche.

Erysipelas and Other Forms of Dermal and Epidermal Inflammation.-Dr. A. Judd in the N. Y. Med. Jour., describes some remarkable results following the use of carbolic acid in the treatment of erysipelas and similar conditions. He has used the treatment for a number of years and now has treated over one thousand cases. The treatment consists in painting the affected area and about one-half an inch of the healthy surrounding skin with ninety-five per cent. carbolic acid, followed by a swabbing with alcohol. The alcohol should not be applied until there is distinct whitening of the skin. Following this a wet dressing of any mild antiseptic is applied. This procedure may be carried out even on the most delicate parts of the skin. No scarring results. The temperature and pulse fall rapidly to normal. The general condition improves. There is often a discoloration of the urine, but no other symptoms of poisoning develop. The method does not seem to result as well in children, probably owing to the delicacy of their skin.

Corneal Affections.

Dr. L. Muller (Semaine med.) has used balsam of Peru with success, for over four years, in the treatment of corneal ulcer and hypopyon. He uses the balsam in the following combination:

Balsami peruviani, gr. xv (1 gram),

Olei ricini, 3ss (2 grams), Olei olivae, 3iiss-v (10 to 20 grams).

M. Sig.: Shake before using.

The eye is first carefully anesthetized with eocaine and epinephrine, and the balsam preparation then applied and left in contact with the cornea for about two minutes.

Corns—Treatment Of.

Dr. Gaucher, in Quinzaine, therapeutique, recommends the use of the following paint, which, he states, will remove the most inveterate corns:

Resorcini.

Acidi Salicylici, ana gr. xv.

Acidi Lactici,

Collodii flexilis, ana 3iiss.

Misce. Fiat pigmentum.

"To be applied for five or six days in succession."

The foot is then well soaked in hot water, and the collodion lifted off bringing the corn away with it.

In Chronic Cystitis. - Fullerton finds permanganate of potash 1 in 5 000, nitrate of silver 1 in 5,000, or sal antisepticus 3ij to the pint, of great service as lotions for washing out the bladder. He says that boric acid solution is too weak, but is better than nothing. -Medical Press.

Inunctions in Bronchitis. — Rachford finds the following efficacious in the bronchial affections, especially in acute bronchitis in children:

Guaiacol, 3ss. R

Olei gaultheriae, 3j.

Lanolin, žj. M. Sig: Rub about one teaspoonful into the chest twice daily.

Masturbation.

Sodii Bromidi, 3ss. Strontii Bromidi, 3ss. Ess. Pepsini, 3jss.

Aquae Menthae Pip, q. s. ad., Ziij. E. 3i at 7 P. M. and on going to bed, contains

10 grs. of each of the bromides to the dose; in mild cases, or for young boys and girls.)

Sodii Bromidi, 3j. Strontii Bromidi, 3j. Elixir Peptenzyme, 3j.

Aquae q. s. ad., 3iij. S. 3i in water at 8 P. M. and on going to bed. In severe cases may be administered 3 times a day.

Potassi Bromidi, 3ss. R Sodii Bromidi, 3ss. Strontii Bromidi, 3ss. Elixir Lactopeptine, 3jss.

Aquae ad., žvi. S. žss in water on going to bed; or at 7 P. M., and on going to bed; or three times a day.

Potassi Bromidi, 3j. Sodii Bromidi, 3ij. Chloral, 3i. Elixir Simp., 3ss. Syr. Aurantii, 3i. Aquae q. s. ad., 3iv. S. 3ss on going to bed.

Or instead of the above mixture we may administer some of the well-known hypnotics, such as veronal in 7 to 10 grain doses, or veronal and trional 5 grains each. Morphine should not be administered under any circumstances, first for the fear of establishing a habit, and second, because morphine, as may or may not be known, has the tendency in many cases to excite the sexual desire.

Pneumonia in Children.

Dr. H. W. Dana prescribes the following mixture of an eighteen-months-old baby: Tincture of belladonna,.....3j. Fluid extract of licorice,.....3vss.

M. Sig. Give eight drops in a teaspoonful of boiled water every two hours.-Boston Med. and Surg. Jour.

Pruritus Vulvae in Pregnancy.

Dr. Kelly tells of Ashwell's and Meig's recommendation of the following prescription for the relief of pruritus vulvae, especially in pregnant women:

Sod. biborat, 3ss. Morph. sulphat., gr. vj. Aq. rosae dest. Zviij.

M. Sig.: Apply three times a day to the affected parts with a piece of lint, after first washing with tepid water and soap and then carefully drying the parts.

Flaischler recommends the local application of a 20 per cent, or even a 50 per cent., solution of silver nitrate.

Pruritus-Subcutaneous Solution For.

Dr. J. Meyer advises the use of a modified Ringer's solution in the treatment of all forms of pruritus. The formula is as follows:

R Sodii chloridi, gr. cl. Potassi chloridi, gr. viss. Calcii chloridi, gr. iv. Sodii bicarbonatis, gr. iss to ivss. Aquae destillatae, q. s. ad., Oii.

Six and two-third ounces (200 c.c.) are given at a dose by subcutaneous injection.—Dermatol Centralblatt.

Pyorrhoea-Mouth Wash For.

Dr. F. E. Stewart, in the Jour. Amer. Phar. Ass'n, suggests the following as a valuable mouth wash in prevention reinfection and as a cure for pyorrhea alveolaris in mild cases:

.R Fluidextract ipccac, 8 min.

Zinc chlorid, 2 gr. Betanaphthol, ½ gr. Solution formaldehyde, (40%), 1/3 min.

Menthol, 1/8 gr. Oil gaultheria, q. s.

Alcohol, 55%, q. s. to make 1 fl. oz.

Directions: Cleanse the teeth and gums with the solution undiluted, using a soft tooth brush. As a mouth wash, add 20 drops to about two tablespoonfuls of water.

Treatment of Heart Disease.—Dr. F. C. Shattuck, in the Boston Med. and Surg. Jour., points out that the details of medicinal treatment of true angina depend somewhat on its origin-whether this be infectious or non-infectious, and if infectious whether of syphilitic or other origin. Medicinal treatment is usually of minor, though still of real importance. Strychnia is to be avoided as tending to heighten reflex excitability. Digitalis is indicated only so far as myocardial failure is suggested by symptoms other than pain. Small doses of potassium iodid can seldom be harmful, and seem to be of value even in nonsyphilitic cases. The action of glonoin is so transitory that its value between attacks is doubtful. If it be desirable, as Shattuck believes to be rarely the case, to try to secure constant reduction of blood pressure, sodium nitrite or erythrol may be used.

Urticaria will almost invariably yield if the patient uses an alkali and quinine.

The special features of syphilitic eruptions are asymmetry and polymorphism.

Free action of the bowels should always be maintained in scarlet fever. The occurrence of albuminuria is generally preceded by a state of high arterial tension which can be relieved by aperients.

In edema of the lungs of cardiac origin a small dose of morphine often does more good than all the stimulants. It may be the only treatment needed.

Hospitals. Sanatoria, etc.

Dover General Hospital.

A campaign to raise \$50,000 for this hospital gives promise of success. The initial gifts amounted to \$10,475. The hospital will be enlarged and more fully equipped.

Monmouth Memorial Hospital.

The staff of this hospital for the quarter beginning November 1st, is composed of the following: Drs. Harry E. Shaw and Harry B. Slocum. The supervising nurse, Miss Herries, has returned from a two months' visit in California and resumed her duties.

Hospital Over-Crowding at Kearny.

The management of the State Soldiers' home at Kearny has submitted a report to Governor Fielder which shows that much illness prevails at the institution and that 200 inmates are crowded into the hospital there when there should be only less than half that number. The superintendent of the home, says that last year ninety per cent. of the admissions to the institution had to be taken care of at the hospital immediately upon admission. He asks for additional hospital accommodations.

Hospital Psychopathic Ward.

The establishment of a psychopathic ward in a hospital in Union County was discussed last month at a meeting of the hospital committee of the Board of Freeholders and hospital heads. No decision was reached although all agreed that such a ward is needed. Jail officials complain that it is unfair to the prisoners to keep persons of doubtful mental status, who are being detained temporarily, in the jail. The hospitals represented were Muhlenberg Hospital, Plainfield; Elizabeth General Alexian Brothers' and the St. Elizabeth hospitals of Elizabeth and Overlook Hospital, of Summit.

Peking Hospital Opencd.-Dr. Wallace Butterick, director of the China Medical Board, Dr. Simon Flexner of the Rockefeller Institute for Medical Research, New York, and Dr. William H. Welch, professor of pathology at Johns Hopkins University, Baltimore, were the guests of honor at the dedication of the new Sleeper-Davis Memorial Hospital, Peking, China. The new building is a five-story structurc erected by the Methodist-Episcopal Church at a cost of \$180,000 and has accommodations for 150 patients. The building is heated by steam, lighted by electricity, equipped with modern plumbing and provided with a diet kitchen. The patients are treated by American physicians who have Chinese assistants and are cared for by Chinese nurses, the head nurse being an American.

Chincse Official Gives to American Hospital.

A fund, the income of which amounts to about \$1,000 annually, has been donated by Mr. Chu, a Chinese customs official, for the use of the hospital maintained at Lintsing chow, Shantung Province, China, by the American Board of Commissioners for Foreign Mis-

sions. No restrictions were made as to the expenditure of the money, as Mr. Chu said he was sure it would be used in a proper manner. Mr. Chu is a descendant of the Ming Emperors, has visited England and France, and appreciates the work being done by Americans in Lintsing chow.

The Epileptic Village, Skillman.

So rapid has been the growth of the State Village for Epileptics at Skillman that the managers deem it prudent to temporarily arrest development and devote a year to the study of present resources, their readjustment and the best means for their economical direction and control. As the outcome of this decision, announcement is made in the annual report of the institution that no appropriation will be asked for the incoming Legisature for buildings for patient. All such requests will comprehend only such items as are necessary for the proper management of the village and the completion of projects already under way. The number of patients at the village at the close of the fiscal year was 585, an increase of seventy-five over the population of 1914. Completion of buildings for which contracts have been let will give the village a capacity of 893.

The law of last winter regulating the transfer of epileptics from State and county institutions has been liberally taken advantage of, and, the report says, has given relief to other institutions. The report shows a noticeable improvement in the later products furnished under the State-use system, which leads the managers to believe that the service will be more satisfactory as the system develops. "It has been a pleasure," says the report, "to cooperate with the commission in their endeavor to bring about this much desired result.'

In referring to the escape of inmates from the Village, the superintendent, Dr. David F. Weeks, says:

"A number of patients admitted during the year have been deceived by relatives and friends with false promises and misrepresentations, chief among which was the assurance that a short residence in the village would result in a cure, the result of which has been to make them very unhappy and dissatisfied when the truth was learned.

"Epilepsy is a disease in which there is a progressive deterioration, both mentally and physically. In the majority of cases, especially where the disease has been of long standing, one should not look for more than physical improvement. In a few cases arrest of seizures will result, but at best any improvement that will be at all permanent will only come after a long residence in the village. Friends and relatives should impress this fact on the patient and not deceive him with promises of a cure after a short residence in the village, as is too frequently done."

Hudson County Tuberculosis Hospital and Sanatorium.

The reports of Dr. B. S. Pollak, medical director for October, show the following facts: There were in the institutions October 1st 165 patients; admitted during the month, 37; discharged apparently cured, 0; discharged apparently arrested, 0; discharged arrested, 0;

discharged quiescent, 0; discharged improved, 11; discharged unimproved, 10; died, 16. Re-

maining at end of the month 165.

Total number in the hospital and sanatorium, including 45 employees, 210. The maintenance expense—direct maintenance—was \$6,149.99, or direct maintenance per capita cost \$956. The administration expense was \$2,833, or \$1.37 per day.

The clinic expenses for October were for Jersey City, Hoboken, Bayonne, Union Hill and West Hudson \$466.94 and for salaries \$1,876.07.

Tuberculosis Sanatorium Examiners.

The Glen Gardner Sanatorium management has appointed the following physicians as sanatorium examiners in their localities:

Dr. Abraham E. Jaffin, Jersey City; Dr. William H. Riha, Bayonne; Dr. Hugo Alexander, Hoboken; Dr. Grant P. Curtis, Town of Union.

This is meant to bring about a closer co-operation between the county clinics recently opened in Hudson County and the State Sanatorium at Glen Gardner.

Warning Against Irresponsible Sanatorias.

Again we desire to caution our readers against giving their influence or support to a horde of irresponsible and quackish sanitariums of one kind and another that constantly are soliciting patients through physicians by circulars which in a most extravagant and objectionable way point out the reputed merits of the institutions, and not infrequently offend the taste of reputable physicians by the most unwarranted commercial propositions. The doctor who is honest with himself as well as with his patient will steer clear of the sanitariums that lose sight of the ethical and humanitarian side of the practice of medicine by putting in the foreground commercial propositions which at once stamp the institutions as unworthy of confidence. The Journal carries the advertising of a number of sanitariums and hospitals that we believe to be worthy of the support and patronage of its readers. Whenever we can secure evidence to the effect that any one of the advertisers are not ethical in all its relations, that minute the advertising of such institution will be taken from the Journal. In our efforts to protest the medical profession we expect to have support, but aside from all this we bespeak support of the institutions that we are upholding.-Indiana State Journal.

(Our Journal accepts no advertisements of any but responsible sanatoria.—Editor.)

Death.

CHURCH.—In Passaic, N. J., November 12, 1915, Dr. Charles A. Church, of Passaic, aged 76 years. Dr. Church graduated from the New York Homeopathic College and Hospital in 1871 and practiced in Passaic for more than forty years. For several years he was president of the Medical Club and also of the New Jersey State Homeopathic Medical Society. He was also a member of the medical staff of St. Mary's Hospital. His only son is a physician in Newark.

Personal Notes.

Dr. Charles G. Boyer, Annandale, and wife recently returned from a few days' visit in Easton, Pa.

Dr. W. Leslie Cornwell, Bridgeton, returned last month from a week's vacation.

Dr. Lucius F. Donohue, Bayonne, returned home last month from a hunting trip in the Adirondacks.

Dr. Samuel B. English, Glen Gardner, enjoyed a ten days' trip in the Adirondacks last month.

Dr. George E. Galloway, Rahway, was registered at the Bartlett Inn, Lakewood, last month.

Dr. William P. Haines, Ocean City, and wife spent a few days in Medford last month.

Dr. Ernest G. Hummel, Camden, underwent a surgical operation by Dr. J. B. Deaver, in the German Hospital, Philadelphia, last month. He has recovered.

Dr. William H. Iszard, Camden, was housed with a cold and sore throat a few days last month

Dr. William S. Lalor, Trenton, attended the annual meeting of the Atlantic Deeper Water Ways Association at Savannah, Ga., last month.

Dr. Frederick J. La Riew, Washington, was recently appointed an examining surgeon of the Bureau of Pensions, Washington, D. C., and was assigned to duty at Washington, N. J. The local board subsequently organized by electing Dr. C. B. Smith, president; Dr. La Riew, secretary, and Dr. C. M. Williams, treasurer.

Dr. Le Roy G. Kirkman, Newark, was recently elected vice-president of the New Branch Brook Improvement Association.

Dr. Walter Madden, Trenton, is a member of the grand jury of the Newark branch of the United States District Court, November term.

Dr. Emery Marvel, Atlantic City, has won in the law suit against him for \$35,000 on the charge of leaving a pair of forceps in a woman's body at an operation. The Supreme Court has sustained the verdict in his favor given in the Atlantic City Circuit Court.

Dr. William G. Nash, Newark, and wife returned home recently from a visit in Morris County.

Dr. Joseph H. Oram, Paterson, has recently inherited the family homestead in Rockaway, N. J., where his mother died in October.

Dr. Frederick W. Owen, Morristown, and daughter spent a few days at Asbury Park last month.

Drs. Edward M. Richman and James T. Wrightson, Newark, were appointed members of the Essex County Grand Jury for the November term.

Dr. Clarence L. Vreeland, formerly of Jersey City, has moved to Pompton Lakes, N. J.

Dr. Charles B. Smith, Washington, mayor of the city, was master of ceremonies at the dedication of the Public Fountain given by the citizens and W. C. T. U. and accepted the gift in an able speech. Dr. F. P. McKinstry was chairman of the Committee on Site.

Dr. F. Vernon Ware, Millville, was recently elected president of the local Board of Health

to fill the vacancy occasioned by the death of Dr. John W. Wade.

Dr. Charles H. Waters, Trenton, has been appointed examining physician of the Prudential Insurance Company in Trenton, in place of Dr. Norton, deceased.

Dr. Enoch Blackwell, Trenton, was appointed recently by the board of trustees of Mercer Hospital a member of the medical staff of the hospital and assigned to the out-patient department.

Dr. William James, German Valley, was recently appointed a member of the medical staff of the Morristown Memorial Hospital.

Dr. James J. McGuire, Trenton, was recently appointed as a member of the State Board of Medical Examiners, to succeed the late Dr. H. G. Norton.

Dr. Ira T. Spencer, Woodbridge and wife entertained the Literary and Medical Society of the city at their home recently.

Dr. O. H. Sproul, Flemington, and wife made

a brief visit at Stockton recently.

Dr. John H. Anderson, New Brunswick, late head of the hygienic laboratory of the U.S. Public Service, has taken charge of the laboratory of Squibb and Sons, at New Brunswick, and has taken up his residence in that city.

Dr. Edward J. Ill, Newark delivered an able address in that city recently on "Newark's Need of Hospital Social Service."

Dr. John C. McCoy, Paterson, addressed the banquet in Dover, held in connection with the campaign to raise \$50,000 for the Dover Hospital, on "Modern Hospitals."

Dr. Arthur J. Casselman, Camden, has been appointed bacterilogist of the Women's American War Hospital, Paignton, England. He sailed for Europe October 24th.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Principles and Practice of Obstetrics. By Joseph B. DeLee, A. M., M. D., Professor of Obstetrics at the Northwestern University Medical School. Second edition, thoroughly revised. Large octavo of 1087 pages, with 938 illustrations, 175 of them in colors. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$8.00 net; Half Morocco, \$9.50 net.

It must be a source of keen gratification to both the author and his publishers, that within the short span of two years a second edition of this exhaustive manual on obstetrics has become necessary.

In this volume the subject matter is treated upon the same broad plans as in the first edition; the book is divided into four parts: The Physiology of Pregnancy, Larbor and the Puerperium; The Conduct of Pregnancy, Labor and the Puerperium; The Pathology of Pregnancy, Labor and the Puerperium; and Operative Obstetrics. The text has been carefully revised, and brought up-to-date, a large number of artistically colored illustrations have been added.

The author amplifies his article on "Dry Labor," "Blood Pressure," "Labor in Old Primiparao" and "The Serological Diagnosis of Pregnancy"; on "Twilight Sleep" he gives a comprehensive essay with some interesting deductions and predictions; he takes up "Pitui-tary Extract" in labor more fully and points out a number of dangers following its injudicious use. But the most radical change is the author's treatment of "Extra-peritoneal Cesarian Section." He discards Pfannestiel's transverse incision, recommends Latzko's operation and gives five new colored illustrations to clarify the steps of the operation. In outlet pelvimetry the text is not as complete as it might be; De Lee makes no mention of Klicn's postsaggital diameter, which many of us regard as important in funnel pelves.

The writer of this volume has no hobbies to boost, no fads to foist, no foibles to foster. Primarily he is a teacher and in language simple, terse, graphic, he unfolds his vast theme in a lucid style at once comprehensive and convincing. To the medical student this volume will prove a text-book par excellence; to the general practitioner, a veritable treasure-trove of desirable information, and to the specialist, an inspiration to loftier aims and higher endeavors.

Nathaniel G. Price, M. D.

The Practical Medium Series, Vol. 5, Obstetrics, Edited by Joseph B. DeLee. Series,

DeLee's 1915 book on Obstetrics, one of ten volumes of The Practical Medicine Series, issued by The Year Book Publishers, has recently come off the press. Though of unassuming proportions, between its covers is contained the results of a stupendous task. Not only does this booklet represent the careful perusal and digestion of the world's vast yearly literature upon all phazes of the obstetric art, the judicial sifting of the material from the immaterial and the presentation of the various themes in a concentrated, yet cogent form, but also the correlation of the subjects, the accurate indexing under title and author and finally the interpolation of salutary editorial comment.

The author divides the material into four comprehensive sections, namely, pregnancy, labor, the puerperium and the new-born. The abstracts which, in the opinion of the reviewer, merit particular mention are those on the serological diagnosis of pregnancy, "Twilight Sleep," pituitary extract, contracted pelvis and prenatal care; the booklet furthermore contains an excellent description of vaginal Cesarian Section, with fourteen illustrations of the steps of the operation, and an illustrated abstract on primary perineorrhaphy.

The editorials are brief but significant. They consist mainly of an interposed question mark, a monitiry sign of exclamation or a word of two of assent or dissent; but they serve their purpose of calling the reader's mind back from the vagaries of a fanciful exposition to the "terra firma" of practical experience.

To the progressive physicians this book will prove of great service, and to the one specially interested in obstetrics almost indispensible. The exhaustive bibliography alone is than worth its modest cost.

Nathaniel G. Price, M. D.

A Synopsis of Medical Treatment by George Cheever Shattuck, M. D., Assistant Physician to the Massachusetts General Hospital.

The first part of this book is devoted to modern methods of treatment written in a concise manner and preceded by the indications in each case. The plan of treatment outlined con-

sists of all of the recognized methods including diet.

In the latter part of the book are the most frequently used drugs, with a resume of their physiological action, their indications for use and the toxic effects produced by an overdose.

While this book was written primarily for students, the busy practitioner will find much in it to supplement his knowledge of the recent advances in treatment C. R. Teeter, M. D.

The Starvation Treatment of Diabetes as practiced by Dr. Allen of the Rockefeller Hospital and the Physicians of the Massachusetts General Hospital, by Lewis Webb Hill, M. D., with a series of graduated diets, by Rena S. Eckman, Dietitian.

This excellent little work gives Dr. Allen's plan of "The Starvation Treatment of Diabetes" as used by the physicians of the Massachusetts General Hospital and contains first, a review of the plan of treatment, following which is a review of the various urinary tests which have been found to be most useful and practical, including a simple test for estimating the daily ammonia output, and after this is a series of graded diets arranged according to the amount of carbohydrate and proteid and also gives the caloric equivalent of each diet.

As Dr. Allen has so ably proved, the starvation of the diabetic is not necessarily followed by the enormous increase of the appearance of the urine, but is followed by the diminution and disappearance of the sugar in the urine. One of the particular things which discourages the general practitioner in the management of his severe cases of diabetes was the fear of inducing a coma by the sudden withdrawal of the carbohydrate from the diet. That this does not occur, and that a diabetic can be started with impunity is one of the distinct advantages in the management of this class of cases. Another important point to remember, is that an excess of proteid in the diet, even though the diet be carbohydrate free, may account for the lack of disappearance of the sugar in the urine, so that the amount of proteid in the diet must be as carefully regulated as the carbohydrate.

The arrangement of a suitable diet, graded as the case improves, becomes to the average physician a matter of the greatest difficulty. This is most carefully arranged and ably planned in this hand book, which should be in the hands of every practitioner who treats these cases.

C. R. Teeter, M. D.

Disease of the Nose and Throat. By Algernon Coolidge, M. D., Professor of Laryngology in the Harvard Medical School. 12 mo. of 360 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. \$1.50 net.

Dr. Coolidge in his preface tells the object of his book.

It is a very good, well written book on the

Diseases of the Nose and Throat for the general practitioner. Treatment is not gone into very deeply, and in some cases very superficially. He deals with the diagnosis more than the treatment. For any further study you are referred to the larger text-books on the subject.

Dr. Coolidge took a step in the right direction when he included in his book the diseases of the mouth and tongue.

All in all he has a very well written book for the busy man. H. B. Orton, M. D.

Digest of the Case Law of the Regulation of the Practice of Medicine. Compiled by the Medico-Legal Bureau and published by the American Medical Association.

The standardization and regulation of the practice of medicine by the State is one of the most important questions in the medico-legal field and its proper solution is of the utmost importance and value to the medical profession and especially to our medical organizations.

Reports, Reprints, Etc., Received.

Ninth and tenth annual reports of the Department of the Plind of the International Sunshine Society containing an account of the Arthur Home for Blind Babies, Summit, N. J. Hospital department, Mrs. M. Butler, 'head nurse; Dr. D. E. English, attending physic'an.

Proceedings of the Medical Association of the Isthmian Canal Zone to March, 1914.

Volume VI.

Annual reports of the Division of Child Hygiene of the City of Newark. Julius Levy, M. D., Director.

A Review of the Recent Advance in Otology. Dr. James U. King, New York City.

Operation for Cancer of the Breast. Dr.

Parker Syms, New York.
Skin Cancer and Its Treatment. Also the
Medical Cancer, both by Prof. Isadore Dyer, of

Tulane School of Medicine, New Orleans, La. Fifth annual report of the Rockefeller Sanitary Commission for the Education of Hook-

worm Disease.

Thirty-eighth annual report of the Board of Health of the State of New Jersey, 1914.

MEDICAL EXAMINING BOARDS' REPORTS.

	I	Exam.	Passed.	Failed
Georgia, June		172	162	10
Illino's, May		165	135	30
Kentucky, June .		84	74	10
No. Dakota, July		11	7	4
Oklahoma, April		12	9	3

Going After the Irregulars.—The State Board of Medical Examiners of California announces that it will start an aggressive campaign in southern Califnoria directed particularly against the advertising "quacks" and other individuals who prey on the credulous public. It is intended to eradicate from the southern section of California the flagrant violators of the medical practice act who have heretofore openly defied regulation.

Medical Education. — "The national board has adopted the standard of the Council on Medical Education of the American Medical Association." says W. L. Rodman (Jour. A. M. A., June 26, 1915), "and, in addition, will re-

quire at least one year of service in an acceptable hospital. These requirements will be rigidly enforced; that is, an applicant must give satisfactory evidence of having had the following:

(a) A diploma from a high school of good standing giving a four year course.

(b) A satisfactory course in science, embracing physics, chemistry, and biology, of not less than one year.

(c) Four years in a medical school of A grade.

(d) At least one year as intern in an acceptable hospital.

The hospital year is required for two reasons. First, no one should practise medicine independently, however well taught theoretically, until he has had practical training under experienced men, and this can be secured only in a hospital. Some colleges require it before graduation, and some States demand it before licensure."

Public Health Items.

Dirty air is death.

Good air means good work.

Too much fresh air is just enough.

Fresh air is the best life assurance agency.

Coddle yourself and you flirt with pneumonia.

Get the fresh air habit; dress warm enough to enjoy it.

Breathe freely and fully; the more you expand your chest the less you will contract

It would be interesting to know just how many people in Chicago have learned that consumption, if taken in the early stages, is cur-

Plants will not grow and thrive in dark, ill-ventilated basements. Neither will human beings. Both need plenty of air and sunshine.

In paddling your own canoe toward the Harbor of Health, rocks are not the only thing to avoid. Do not run into the other fellow's

A tooth brush at home, one at the office, and another in a neat case for your vest pocket are none too many.

It may take more than one swallow to make a summer, but only half a swallow of dirty milk can make a summer complaint.

-Bulletin, Chicago Department of Health.

"Our ancesters had very few boards of health, insanity commissions and so on."

"Perhaps it is just as well. Probably they would have locked up Sir Isaac Newton, Copernicus and also Christopher Columbus.-Louisville Courier-Journal.

(They certainly would have locked up many newspaper editors if they had caused as many deaths then as now by advertising life-destroying nostrums.-Editor.)

Diphtheria at Franklin. — There have been fifteen cases of diphtheria in the borough of Franklin. The epidemic began about the first of november; it is believed to be over as no new cases have developed during the past few

Scarlet Fever Epidemie.—Infected milk from a dairy in West Town, N. Y., is said to have been responsible for an epidemic of scarlet fever in several towns in Bergen County, N. J. Nearly forty cases, with one death, were reported in October.

The Child and the State.-When the State, for its own protection, compels a child to go to school, it pledges itself not to injure itself by injuring the child.—Dr. William H. Allen.

The Children Are Learning.

This is shown by the following: A question propounded to children in the fourth grade in the public schools of Charleston was as follows: "Tell what you know about germs." One answer was as follows: "Tuberculosis is caused by a germ. It takes 10,000 of them to make an inch. When a person spits that has this germ he ought to spit in a rag and burn it. A way to keep from having this germ is to get plenty of fresh air and sunshine. When a person eats that has this germ his dishes should be washed in a separate place."

Fresh Air Cars.—For the benefit of those who believe in fresh air, it is proposed to operate on the elevated railway in Chicago, during the winter, windowless and unheated cars. One such coach will be attached to each train and will be marked "Fresh Air Car."

A Favorable Death Rate,—Neither the State nor any of its municipalities should regard its death rate as favorable when about 50 per cent. of the deaths, according to present-day knowledge are preventable.-Rep. Pub. Health Com. Minnesota Pub. Health Asso'n.

New York City's Health .- The report of the Department of Health for the year 1914, recently issued, shows that the general health of the city was improved and that the death rate was the lowest on record. There were 74,803 deaths reported, or 13.40 per 1,000 of population, as compared with 73,902 deaths and a rate of 13.76 in 1913. If the 1913 death rate had prevailed in 1914 there would have been 2,010 more deaths recorded. Only three large cities in the United States showed a lower death rate than New York in 1914; Seattle, 8.11; Los Angeles, 11.27, and Cleveland, 12.72. Organic heart disease caused the largest number of deaths, pulmonary tuberculosis ranking next with a total of 8,918. The other chief causes of mortality in the order of their importance were: Lobar pneumonia, 5,-145 deaths; chronic kidney diseases, 5,107; bronchial pneumonia, 4,533; cancer, 4,467; infantile diarrhea, 3,432; arteriosclerosis, 2,-368; diphtheria and croup, 1,491; diabetes, 979; cirrhosis of the liver, 784; appendicitis, The suicides during the year numbered 935, of whom 687 were men and 248 women. while of the total 304 were native-born Americans.

Cleanliness Now Cheaper Than Chemicals.—The European war sent the prices of benzoates from 18 cents per pound to \$2.00 per pound and then food manufacturers who claim we could not get along without benzoates, at once seem to have made a new discovery that after all benzoates are not necessary—sterilization is a cheaper food preservative than benzoate at \$2.00 per pound.—N. Dak. Agric. Experiment Station Bull.

Health Education.—The United States Public Health Service, believing that "education is the road to sanitary progress," has established a loan library with stereopticon slides which it sends out on request of sanitarians, educators, and others interested in the promulgation of the doctrines of hygiene and public sanitation. There are special sets of slides on diseases of children, hookworm, leprosy, malaria, milk production, mouth hygiene, pellagra, bubonic plague, rural schools, smallpox, tropical diseases, tuberculosis and typhoid fever.

Team Work in Disease Prevention.—There is not a solitary line of preventive and constructive work in which we do not sooner or later run up against insufficiency of community work, or registration, of collaboration, and even of mere acquaintance of those who should work together. Over and over again we become guilty of the common mistake of giving to every good worker a bigger field than can possibly be covered.—Adolf Meyer.

Whole-Time Health Officers.—You may ask if the small cities can afford whole-time men, why are the larger cities not employing whole-time men? I believe the answer is this—"politics." Apparently the only way a whole-time man should consider a position in one of the larger cities is to go as a loan from the State Board of Health, or from the United States Public Health Service. Under this system when it would seem advantageous he could return and a new man take his place—Report of the Public Health Commissioner of the Minnesota Public Health Association.

Authority to Compel School Inspection.—
The objection that the State has no right to permit or require medical inspection of the children in the schools will not bear close scrutiny or logical analysis. The authority which has the right to compel attendance at school has the added duty of insisting that no harm shall come to those who go there.—Wisconsin State Board of Health Bulletin.

Medical Inspection and Blindness.

Dr. William Martin Richards, who voluntarily treated 148 of the pupils in New York City's school centers for the blind, has reported to the Society of Medical Jurisprudence that ninety-six of the pupils have been cured of blindness. Dr. Richards states that from his examination of the children he is convinced two-thirds of the pupils in the schools for the blind are not blind, but can be made to see well enough to read newspapers. He declares that four-fifths of the \$3,000,000 annually expended on the re-education of deficient school children can be saved by proper medical inspection and examination of the eyes by competent specialists.

Eugenic Ordinance Planned. — The health officials of Paterson, N. J., have under consideration the passage of an ordinance requiring that applicants for marriage licenses present certificates of fitness to marry. The argument in favor of such a law are based upon a mass of statistics regarding children born in the city hospitals.

Eugenie Marriages.—The stand taken by the Paterson Board of Health on the question of eugenic marriages was endorsed by the Health Offiers' Association of New Jersey during its quarterly meeting. The association voted to give its moral support to whatever legislation is attempted to bring about more eugenic unions in the State. The position of the Paterson health authorities was placed before the association by Health Commissioner Nathan Rabinowitz and Dr. Thomas A. Clay, health offier of Paterson. Both mentioned the fact that Assemblyman Edmund B. Randall had promised to introduce a bill in the next Legislature providing for eugenic marriages in this State, and that the indorsement of the association would assist in its passage. In general, as outlined by the speakers, the law would prohibit marriages without certificates of health from the principals, signed by a reputable physician. The law would provide that should the health certificate later prove to be false, the signing physician would be liable for damages to the injured party.

Marriage of Tuberculous Persons.—The Supreme court of New York has decided in the case of Sobol vs. Sobol that the marriage of a person suffering from tuberculosis might be annulled at the instance of the other party to the marriage when the existence of the disease had been concealed. The court decided that in view of the possible serious consequences of such a marriage to the wife, to the children if any were born, and to the community, the marriage contract should be annulled. The legal basis of the decision was the fraud of the defendant in concealing and misrepresenting the condition of his health.—Public Health Reports.

Pasteurization of Milk was very earnestly discussed, pro and con, by the doctors, the milkmen and prominent citizens at a public meeting held in Morristown recently. The physicians generally favored the proposed ordinance requiring it; a veterinarian opposed it, saying the health board was trying to "put it all over the milkmen" and thought that the dirty glasses at soda fountains and in saloons was a more fit subject for consideration. The prosecutor of the pleas asked if bacilli could enter the milk after pasteurization and when told that they could, replied: "Then it does not absolutely eliminate them and protect the public." Several others opposed the ordinance because putting unnecessary burdens on the milkmen, increasing the cost of milk and doubt as to its positive protection.

Bureau of Social Service, Morristown.

Ninety-eight babies of various sizes, kinds and descriptions were inspected by six doctors at the baby exhibit held at the Central Bureau of Social Service last month, while a large number of baby carriages waited the return of their occupants. Though no credits were given for vocalism, many of them tried to prove their lung power by crying in various keys when passed from their mothers' arms into those of strangers. The babies were examined by Drs. Lathrop, Elvira D. Dean, Henriques, Haven, Griswold and Glazebrook from a mental and physical standpoint. Mrs. Keeler had charge of the measuring and weighing and Mrs. Saltus was chairman of the scoring committee.

Popular Instruction Concerning Diet. — There is one kind of instruction much needed by the American people, which would illustrate better than any other the desirable preventive functions of health officers and boards of health, namely, instruction concerning diet. — Prof. Charles W. Eliot, Public Health, September, 1915.

Nursing Mother's Diet.—Nearly every writer on subjects related to maternal nursing, has declared against the view that certain foods ingested by the mother are capable of producing disturbances in the infant through the breast milk. Sour foods, fruits and gas-producing vegetables may be eaten by the mother if they do not cause discomfort to her. They produce no changes in the composition of the breast milk.— Isaac Abt, Detroit Med. Jour., February, 1915.

Predigested Foods — Experiments of all sorts have been made with predigested foods, compressed foods and the like, but the normal digestion rejects them all. A certain bulk of food is needed to keep the stomach and intestines in order, and unless the juices and ferments required for digestion are called forth in the normal way, the amount secreted will be lowered beyond the point of good health.—J. B. Harrington, Bulletin, Kansas State Board of Health, September, 1915.

Smallpox.—According to a bulletin issued from the office of the West Virginia State Health Department by Dr. S. L. Jepson, State health commissioner, there have been approximately 7,000 cases of smallpox in West Virginia in the last three years. Dr. Jepson says that ignorant prejudice against vaccination permits the disorder to become prevalent.

Tetanus After Vaccination.—Four cases of tetanus in recently vaccinated children have recently occurred in New York City. In each case the infection was found to have been carried by dirty dressings applied to an open wound caused by scratching, examination of the virus used having proved it to be free of tetanus germs.

Syphilis Among Negroes and Whites. — Dr. Boas, in Social Hygiene, states that 5 to 6 per cent. of the negro patients in hospitals are diagnosed as syphilitic, and that 3 to 4 per cent. of the white patients in these same hospitals are diagnosed as syphilitic. From 19 to 27 per cent. of skin diseases among negroes are due to syphilis; among whites from 9 to 12 per cent. Among insane negroes syphilis is apparently three times as frequent as among insane whites.

Age of Parents a Sex-Determining Factor.—R. J. Ewart in a study of the influence of the age of the parents on the number and the sex of the offspring, both in the first and second generations, infers from the evidence collected that more males are born, the older the grandparents were at the time of the birth of the parents.—Journal of Hygiene.

Consumptives Advised to Stay at Home.

A bulletin has been issued by the National Association for the Study and Prevention of Tuberculosis, advising only those consumptives who have at least \$1,000 to spend to attempt to make a new home in the West. The bulletin further states that tuberculosis can be cured anywhere; that it is far better for a person of moderate means, such as the average working man, to go to a sanatorium near home, than to go West and live in perhaps a more favorable climate, but without proper food or medical care; that although there may be plenty to do in the West and Southwest for ablebodied men, the consumptive will find it difficult to get work and should not go there in the hope of getting a job.

Infant Mortality in Bavaria.

In spite of all the efforts made to lessen the infant mortality in Bavaria, the death rate is higher now than before. During 1914, 38,467 children under 1 year of age died. as against 36,805 during 1913. There were 21,570 male children and 16,897 female children. Of the children born in 1914, 19.3 per cent. died, as against 18.2 per cent. in 1913; 21 per cent. of the male children and 17.4 per cent. of the female children died. More than one-third of the children that died during the first year of life were not more than 1 month old. About one-half died before the end of the third month. Most of the deaths occurred during August and September. The highest infant mortality by percentages occurred in the small-r communities.

Personal Liberty and Infectious Diseases .-The right to restrict the social activities of persons suffering from, or exposed to, certain infectious diseases is to-day everywhere admitted. Possibly in future additional restraints will be imposed by the community on its infected members-though not necessarily without recompense to individuals—as the importance of checking certain infections becomes more widely recognized. The havoc wrought by Typhoid Mary is not unlike the damage done by a mad dervish running amuck with a naked knife in his hand. Why should the community expose itself to such exploits on the plea of maintaining personal liberty? There is no principle of personal right in such cases that must be maintained at all hazards. The question of expediency in each case must be the deciding factor. It is the right of the community to determine how far, at the moment, it is desirable to protect itself from hygienic evils. Restrictions on the carriers of disease germs, on the employers of labor, and on the drinkers of alcohol, are in themselves perfectly proper and to be judged on the basis of community welfare, not merely on the basis of individual pleasure, profit or convenience .-E. O. Jordan, Commemoration Volume, 1915.

The Morals Court of Chicago has determined not to let any of the babics under its jurisdiction go out for adoption by families desiring to adopt infants unless the child can be accompanied by a certificate to the effect that it is free from organic disease, likelihood of insanity or constitutional weakness. The court has declared that "we can no longer afford to let unknown babies go out, because of the uncertain lineage of many of the babies coming under the care of the Morals Court." This attempted separation of the baby sheep from the infant goats is a most excellent and praiseworthy thing-only, what is to be done with the young goats if they are not adopted, and what are we going to do about the procreation of more goats-goats in such numbers that we already stagger under the burden of caring for them?-The Lancet Clinic.

Sterilization of Mental Defectives.

Amos W. Peters, Ph. D., of Vineland, on Sterilization of Mental Defectives, says:

1. The sexual glands are not only reproductive in function but they are also organs of internal secretion which have an important relation to the processes of growth and metabolism and to the non-sexual organs and functions. The distinction between these two functions has an anatomical basis in the local and histological differences between the generative and the interstitial cells of these glands as distinguished by Tandler and Grosz. The functional distinction between these two classes of cells is borne out by an extensive series of physiological experiments as described in numerous and recent investigations.

2. By the procedure of castration the subject is deprived of the internal secretory functions of the sexual glands whereas the primary intention is to deprive him only of the power of procreation. The extent of the derangement of internal metabolic functions thus induced has never been studied except superficially. The procedure has been assumed to be physiologically harmless and commendable. It should be further studied from the standpoint of its metabolic effects before it is adopted on a wholesale or legal scale, as is now contemplated by many, for the sterilization of the mentally defective. The tendency of increasing knowledge is to show that a normal mentality and a normal nervous system cannot be developed nor even maintained without the adequate functioning of the system of glands of internal secretion.

3. Since castration is an operation performed in ignorance of its physiological significance and rests more on customary than on scientific grounds for its justification it has no claims to preference over other methods which could be tentatively tried in its stead. I therefore propose as a method for investigation the Roentgen ray treatment of the testes and ovaries of properly selected cases under skilled hands, and, may it be emphasized, under adequate physiological and metabolic control of the effects produced. From the data previously cited in this paper the Roentgen ray treatment appears to be an effective method of sterilization, it does no violence to the anatomical integrity of the body, and it appears to cause the smallest possible amount of physiological destruction.

DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY.

Report for September.

This report shows the following facts:

Of the 3,098 deaths tabulated as occurring in New Jersey during September, 1915, 3,034 were of residents and 64 of, non-residents which gives a resident death-rate of 12.80 for the month. By age periods there were 711 deaths among infants under one year, 232 deaths of children over one year and under five years, and 859 deaths of persons aged 60 years and over.

The number of deaths from typhoid fever show an increase over the previous eleven months, but was about the same as the same, period last year. The following gives the number of resident deaths from certain diseases occurring during September compared with the average for the previous twelve months, the averages being given in parentheses:

Typhoid fever, 31 (17); measles, 8 (13); scarlet fever, 3 (9); whooping cough, 18 (18); diptheria, 28 (47); malarial fever, 3 (1); tuberculosis of lungs, 301 (313); tuberculosis of other organs, 46 (49); cancer, 178 (189); diseases of nervous system, 269 (283); diseases of circulatory system, 364 (491); diseases of respiratory system (pneumonia and tuberculosis excepted), 114 (201); pneumonia, 88 (240); infantile diarrhoea, 413 (182); diseases of digestive system (infantile diarrhoea excepted), 200 (193); Bright's disease, 294 (268); suicide, 40 (43); all other diseases or causes of death 636 (639; total, 3,034 (3,246).

Communicable Diseases for September.

There was a total of 1,521 cases of communicable diseases reported during September as follows:

Typhoid fever, 274 cases, the largest number having been Hudson, 36; Bergen, 31; Monmouth, 24; Essex, 23; Gloucester, 21, and Camden 20 cases. None were reported from Hunterdon or Essex.

Diphtheria, 436 cases, of which Hudson rereported 137; Essex, 100; Middlesex, 57; Mercer, 24, and Union, 23 cases. None were reported from Hunterdon or Sussex.

Scarlet fever, 108 cases, of which 31 were from Hudson; 23 from Essex and 20 from Passaic. None from Burlington, Cape May, Cumberland, Gloucester, Hunterdon, Ocean, Salem or Sussex.

Tuberculosis, 586 cases, of which 181 cases were from Essex; 175 from Hudson; 40 from Passaic; 34 from Mercer; 29 from Union and 27 from Camden countics. None were reported from Cape May.

Laboratory of Hygiene.

2,615 specimens were examined for bacteriological diagnosis as follows:

Specimens from suspected cases of—Diphtheria, 1,596; tuberculosis, 451; typhoid fever, 379; malaria, 33; miscellaneous specimens, 156.

Of examination of foods and drugs, 368 samples, the following were found below standard: 14 of the 207 samples of milk; 4 of the 9 of canned fish; the 2 of flavors; 35 of the 43 of soft drinks; 20 of the 65 of tomatoes, canned, catsup or paste; and the 2 of vanilla extract.

Phone Frenzy.-"I believe," said the impatient man, as he put aside the telephone, "that I'll go fishing."

"Didn't know you cared for fishing."

"I don't ordinarily. But it's the only chance I have of finding myself at the end of a line that isn't busy."—Washington Star.

Something to Smile At.

"Try to smile," said the head of the department store. "Look at yonder clerk. He is always smiling."

Food for Thought.

There is nothing so easy but it becomes difficult when you do it with reluctance.-Terence.

He who has conquered doubt and fear has conquered failure.-James Allen.

If one hope fails, find another.—Salena Sheets Martin.

He that can have patience can have what he will.—Franklin.

The simplest and most direct way of profoundly serving our time and our race is to live consistently for those things which are true and beautiful and ideal and divine. The lofty life lifts.

A great part of the happiness of life consists not in fighting battles, but in avoiding them. A masterly retreat is in itself a victory.

-Longfellow.

Man's unhappiness, as I construe, comes of his greatness; it is because there is an infinite in him, which, with all his cunning, he cannot quite bury under the finite.-Thomas

"I had a friend," was Kingsley's explanation of his success. The ambition to be worthy of those who love us is a controlling factor in determining character.

Thoughts from Great Minds.

A weak mind sinks under prosperity as well as adversity.

Conscience is the looking-glass of the soul. Life hath no blessing like a prudent friend. We may have many acquaintances, but we can have but few friends.

To-day is your day and mine, the only day we have.

Though wrong may win its victory is brief. The foundation of good breeding is good nature and good sense.

Preserve yourself in an easy and cheerful frame of mind; try it for one day.

You find yourself refreshed by the presence of cheerful people.

We may choose to stay away from God, but we cannot choose the consequences.

"He finds it easy to smile. He sells face powder to pretty girls. I sell collar buttons to old grouches."—Louisville Courier-Journal.

True Heroism .- He had been courting the girl for a long time. It happened on Sunday night after church. They were sitting on the sofa, and she looked with ineffable tenderness into his noble blue eyes.

"Tom," she murmured, "didn't you tell me once you would be willing to do any act of

heroism for my sake?"

"Yes, Mary, and I would glady reiterate that statement now," he replied. "No Roman of old, however brave, was ever fired with a loftier ambition, a braver resolution than I."

"Well, Tom, I want you to do something really heroic for me."

"Speak, darling, what is it?"

"Ask me to be your wife. We've been fooling long enough."

Facetious Items.

Young Doctor-What kind of parents do you find it hardest to cure?

Old Doctor-Those who have nothing the matter with them.—Boston Transcript.

"As near as I can make out," said the physcian ,"your wife seems to have experienced a sudden shock of some kind."

"I guess that's right," replied the husband. "I got home before twelve o'clock last night."

Cautious Doctor-"Excuse me for bringing you my bill; but you know how difficult it is to get money out of any one's heirs."-Boston Transcript.

"Does advertising pay? I lost a five dollar bill on the street."

"Well?"

"I advertised, and so far I have received three five-dollar bills."

Doctor (to Gilbert, aged four)-"Put your tongue out, dear."

Little Gilbert protruded the tip of his tongue. Doctor-"No, no; put it right out."

The little fellow shook his head weakly and the tears gathered in his eyes. "I can't doctor; it's fastened on to me.-Exchange.

The Home Vacation.—"Going away for vacation?"

"No, I am going to board the parrot out, send the dog to the country and loan the automobile to a friend. I can get a rest without going away."-Louisville Courier-Journal.

Looking Forward.

"Young man, what profession do you expect to follow when you grow up?"

"I'm going to be a doctor," answered the young man, taking out a notebook and pencil. "May I count on you to save your appendix for me-"-Judge.

Mrs. Dimpleton-I want you to get another doctor right off. Dimpleton-What's the matter with this one? Mrs. Dimpleton-What do you suppose he said about baby? He told me I must treat him like a human being!

OFFICIAL LIST

OF THE

FELLOWS, OFFICERS AND MEMBERS

OF

THE MEDICAL SOCIETY OF NEW JERSEY

FOR THE YEAR 1915

FELLOWS.

All persons who shall have been, or may hereafter be Presidents of the Society shall rank as Fellows. and be entitled to all the privileges of delegated members. Act of Incorporation, Sec. 1

The dates represent the year of election as President. Those marked thus (*) are deceased.

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*William Burnett	*Henry Van Derveer
*John Cochran	*Lyndon A. Smith
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*Absalom Bainbridge1773	*Fcrd. S. Schenck
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*Hezekiah Stites	*George R. Chetwood1844
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*Lewis Dunham1791	*Alfred B. Dayton
*Incon IIonnia	*James B. Coleman
* * * * * * * *	*Richard M. Cooper
*Titche Novroll1795	*Thomas Ryerson
* * * * * * * * * * * * * * * * * * * *	*Isaac P. Coleman1858
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*Peter I Stryker	*William Elmer1860
*Lowis Morgan	*William Elmer
*Lewis Condict	*John Blane
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*Matthias H. Williamson	*Theo. R. Varick
*Samuel Forman1814	*Ezra M. Hunt1864
*John Van Cleve	*Abraham Coles1865
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George T. Welch1892	David St. John
John G. Ryerson	Benjamin A. Waddington1909
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*William Elmer1895	Daniel Strock
Thomas J. Smith1896	Norton L. Wilson
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*Ferris Jacobs, Delhi, N. Y..........1872

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Archibald Mercer	Newself

Councilors.

First District (Sussex, Warren, Morris and Essex Counties)...Christopher C. Beling, Newark Second District (Union, Bergen, Hudson and Passaic Counties)....Robert M. Curts, Paterson Third District (Mercer, Middlesex, Somerset and Hunterdon Cos.)..W. A. Clark, See'y, Trenton Fourth District (Camden, Burlington, Oeean and Monmouth Cos.) Wm. H. Iszard, Ch'n, Camden Fifth District (Cape May, Cum'rl'd, Atl'e, Gloucester and Salem Cos.) Jas. Hunter, Jr., Westville

PERMANENT DELEGATES.

Atlantic County. Elected	Gloucester County.
W. Blair Stewart, Atlantic City	George E. Reading, Woodbury
Emery Marvel, Atlantic City1906	Hudson County.
Edward Guion, Atlantic City1912 Bergen County.	Joseph M. Rector, Jersey City1900 Fred M. Corwin, Bayonne1900
Samuel E. Armstrong, Rutherford1901 George Howard McFadden, Hackensack1910 James W. Proctor, Englewood1910 John E. Pratt, Dumont1910	George E. McLaughlin, Jersey City
Burlington County.	John J. Broderick, Jersey City1909 John J. Mooney, Jersey City1909
Richard H. Parsons, Mt. Holly	August A. Strasser, Arlington
Camden County.	Henry Spence, Jersey City
William H. Iszard, Camden	Immanuel Pyle, Jersey City 1912 Charles H. Purdy, Jersey City 1912 George M. Culver, Jersey City 1912 Wallace Pyle, Jersey City 1913 Wm. F. Faison, Jersey City 1913 Chas. H. Finke, Jersey City 1913 Hunterdon County
Cape May County.	George L. Romine, Lambertsville1911 George N. Best, Rosemont1911
Randolph Marshall, Tuekahoe1908	Mercer County
Cumberland County.	David Warman, Trenton1897
S. Thomas Day, Port Norris	Elmer Barwis, Trenton
	John C. Felty, Trenton
Essex County.	
Essex County. Charles Young, Newark	Henry B. Costill, Trenton1902
Essex County. Charles Young, Newark	Henry B. Costill, Trenton
Essex County. Charles Young, Newark	Middlesex County Frank M. Donohue, New Brunswick
Essex County. Charles Young, Newark	Middlesex County Frank M. Donohue, New Brunswick. 1900 John J. Wilson, Perth Amboy. 1909 A. Clark Hunt, Metuchen. 1909 Edgar Carroll, Dayton. 1914 Monmouth County Edwin Field, Red Bank. 1901 Daniel E. Roberts, Keyport. 1911
Essex County. Charles Young, Newark	Henry B. Costill, Trenton
Essex County. Charles Young, Newark	Henry B. Costill, Trenton
Charles Young, Newark	Middlesex County
Charles Young, Newark	Henry B. Costill, Trenton
Charles Young, Newark	Henry B. Costill, Trenton

PERMANENT DELEGATES.—Continued.

Wiliam H. Carroll, Passaic1911	Sussex County.
Joseph V. Bergin, Paterson	Frederick P. Wilbur, Franklin Furnace1912
Henry H. Lucas, Paterson1914	Union County.
	Thomas H. Tomlinson, Plainfield1896
Salem County.	James S. Green, Elizabeth1900
, and the same of	Edgar B. Grier, Elizabeth1998
William H. James, Pennsville1900	Ellis W. Hedges, Plainfield1909
John F. Smith, Salem1913	Theodore F. Livengood, Elizabeth1910
, , , , , , , , , , , , , , , , , , , ,	Stephen T. Quinn, Elizabeth1911
~	John P. Reilly, Elizabeth1911
Somerset County.	Warren County.
Sewell O. B. Taylor, Millstone1897	G. Wyckoff Cummins, Belvidere1903
Aaron L. Stillwell, Somerville1900	James M. Reese, Phillipsburg1908

MEMBERS OF COUNTY MEDICAL SOCIETIES

COMPOSING THE

MEDICAL SOCIETY OF NEW JERSEY

1915

ATLANTIC COUNTY.

Society organized June 7th, 1880. Meets second Friday in each month, except July, August and September.
Annual meeting, January.

President.

Barbash, Sam'l, 1906 Pacific av., Atl. City (1)

Vice-President

Martin, Wm., Ryanhurst Apt., Atlantic City (1)

Secretary and Treasurer.

Guion, Edw., 34 So. N. C. av., Atlantic City (1)

Reporter.

Davis, Byron G., 1500 Pacific av., Atl. City (1)

Censors.

Reynolds, Walt. 27 So. Ind. av., Atl. City (1) Harvey, Edwin H., 20 N. Fla. av., Atl. City (1) Darnall, Wm. E. 1704 Pacific av., Atl. City (1)

Andrews, Clarence, 1801 Pac. av., Atl. City(1) Bartlett, Clara K., 11 N. N. Car. av., Atl. City(1) Bennett, Francis W., Pa. & Ind. avs., Atl. City(1) Berner, David A., 2817 Pacific av., Atl. City (1) Bew, Richard, 1217 Pacific av., Atl. City (1) Bewley, Lyburn H., 1209 Pac. av., Atl. City (1) Boysen, Theophilus H., Egg Harbor City (1) Bullock, Wm. L., Le Grand Apts., Atl. City (1) Burt, F. C. Hammonton (1) Canning, C. H. Galbraith Apts., Atl. City (1) Carrington, Wm. J. 905 Pac. av., Atl. City (1) Charlton, C. Coulter, 114 S. Ill. av., Atl. City(1) Chew, Elisha C., 603 Pacific av., Atl. City (1) Clark, Franklin E., Ryanhurst Apt., Atl. City(1) Clark, Worth, 1616 Pacific av., Atl. City (1) Clement, Edw. B., 107 S. Virg'a av., Atl. City(1)

Conaway, Walt P.,1723 Pacific av., Atl. City (1)

Cuskaden, Albert D., 2 S. Mich. av., Atl. City (1) Davis, W. Price, Jr., 1721 Pac. av., Atl. City(1)

Doherty, Harry A., 2 S. Stenton pl., Atl. City(1)

Dunlap, Thos. G., 923 Pac. av., Atl. City (1) Ewens, Arthur E., LeGrand Apt., Atl. City (1) Fish, Clyde M., Pleasantville (1) Frank, Myrtle G., Egg Harbor City (1) Frisch, Fred'k, 26 So. Penn. av., Atl. City (1) Fox, Wm. W., 1616 Pacific av., Atl. City (1)

Garrabrant, Clarence, 19 N. Pa. av., Atl. City(1)

Gehring, G. P.,5633 Melr'e av., Los Angel., Cal(1) Gould, Geo. M., 401 Oriental av., Atl. City (1)

Harvey, HenryT., Jr., Atl. & Mor. avs., Atl. City(1) Holt, Edw. Z., Ch'dr'n's Seash e H'se, Atl. C'y(1) Ireland, Milton S., 23 So. Cal. av., Atl. City (1)

James, Henry C., Mays Landing (1)
Jonah, Wm. E., 1710 Pacific av., Atl. City (1)
Joy, J. Addison, 1920 Pacific av., Atl. City (1)
Lawrence, H. R., 1721 B'walk, Atlantic City (1)

Lee, Bernard R., 901 Pacific av., Atl. City (1)

Leonard, Isaac E., 2842 Atl. av., Atl. City (1)

Levy. Albert L., 1307 Pac. av., Atl. City (1) Madden, Edmund H., Absecon (1) Marshall, Jos. C., 1517 Pacific av., Atl. City (1)

Marvel, Emery, 1801 Pacific av., Atl. City (1)

Marvel, Philip, 1616 Pacific av., Atlantic City(1) MeVay, Jas. C., 707 Pacific av., At. City (1) Miller, D. J. Milton, 127 S. Ill. av., Atl. City (1)

Munro, H. C., Pleasantville (1) North, Jas., 29 S. Tenn. av., Atlantic City (1) Poland, Jos., 1904 Pacific ave., Atlantic City(1)

Pollard, Wm. M., 15 S. Car. av., Atl. City (1)

Proteous, Edw., J., 2907 Pacific av., Atl. City (1) Reed, Eugene L., Va. & Pac. avs., Atl. City (1)

Ritter, Henry, 15 So. Vassar Sq., Ventnor (1) Scanlon, D. W., 15 S. Ill. av., Atlantic City (1) Schmidt, Wm. H., 1309 Pacific av., Atl. City (1)

Scott, George, 1109 Pacific av., Atlantic City (1) Senseman, Theo., 101 St. Chas. pl., Atlantic City(1)

ATLANTIC COUNTY.—Continued.

Sharpe, Ed. S., Bel'vu & Atl. avs., Atl. City (1) Shimer, Arthur B., 606 Pacific av., Atl. City (1) Shivers, C. Henry de T.,1706 Pac. av., Atl. City (1) Silvers, Homer I., 1901 Pac. av., Atl. City (1) Snowball, J. W., 1519 Pac. av., Atlantic City (1) Stern, Sam'l, 117 So. Virg. av., Atlantic City (1) Stewart, W. Blair, 43 S.N.Car. av., Atl. City (1) Stickney, O. D., 922 Pacific av., Atl. City (1) Townsend, Mary E. 13 S. Pa. av., Atl. City (1) Webster, J. Bart, 1624 N. 52d st., Phil., Pa. (1) Weiner, Sam'l E., 30 N. Fla. av., Atl. City (1)

Westcott, Wm. C., Del. & Pac. av., Atl. City (1) Williams, Gurney, 3915 Atl. av., Atl. City (1) Wright, Elizabeth T., Galen Hall, Atl. City (1) Woolbert, Roy, Pac & Del. aves., Atl. City (1) Zelle, Ernest, Scullville (1)

Associate Memcbrs.

Rulon, Mr. W. A., 1616 Pac. av., Atl. City (1) Lutz, Geo. H., D.D.S., 3512 Pac. av., Atl. City(1)

Number of members and basis of representation 79.

BERGEN COUNTY.

Society organized February 28th, 1854. Meets second Tuesday in each month, except July and August. Annual meeting, October.

President.

Freeland, Frank, Maywood (2)

Vice-President

Elsing, Henry C., Ridgefield Park (2)

Secretary and Reporter

Hallett, Frederick S., Hackensack (2)

Treasurer

Conrad, Edgar K., Hackensack (2)

Alexander, Samuel, Park Ridge (2) Armstrong, Samuel E., Rutherford (2) Bell, J. Finley, Englewood (2) Blenckstone, Frederick O., Oradell (2) Brewster, Margaret P., Grantwood (2) Bradner, Frederick C., Englewood (2) Brundage, Philip Edwin, Edgewater (2) Buckley, Charles F., Edgewater (2) Calhoun, Charles, Rutherford (2) Clarke, J. W., Lyndhurst (2) Cone, Ralph Spencer, Westwood (2) Conover, Elsworth E., Hasbrouck Heights (2) Corn, David, Ridgefield Park (2) De Mund Cornelius A., Ridgewood De Mund, John F., Ridgewood (2) Denig, Ralph, Hackensack (2) Edwards, George L., Bogota (2) Edwards, James Bennett, Leonia (2) Essertier, Edward P., Hackensack (2) Finke, George W., Hackensack (2) Finke, John H. D., Hackensack (2) Garrison, Norman Scott, Rutherford (2) Haring, J. J., Tenafly (2) Holmes, Edwin, Englewood (2) Hubbard, Samuel T., Edgewater (2) Huff, Edmund N., Englewood (2) Huger, Joseph, Fort Lee, (2) King, Chester A., Oradell (2)

Knox, Charles A., Ridgefield Park (2) Langstroth, Fred W., Ridgefield Park (2) Lansing, James B. W., Tenafly (2) Levitas, George M., Westwood (2) McDannald, William S., Tenafly (2) MacDonnald, Harry G. Hackensack (2) McFadden, George Howard, Hackensack MacKellar, James Malcolm, Tenafly (2) Magner, John J., Hackensack (2) Moenig, Joseph A., Park Ridge (2) Ogden William E., East Rutherford O'Brien, Paul, Carlstadt (2) Payne, Joseph, Midland Park (2) Perham, Roy Gates, Hasbrouck Heights Phillips, Walter, Englewood (2) Pitkins, George P., Bergenfield (2) Pratt, John E. Dumont (2) Proetor, James W., Englewood (2) Richardson, Charles A., Closter (2) Riordan, John, Carlstadt (2) Ruch, Louis, Englewood (2)
Ruch, Valentine, Jr., Englewood (2)
St. John, David, Hackensack (2) Stratton, Howard R. Rutherford

Sullivan, Michael J., Englewood

Swayze, Alvah A., Hackensack (2)

Townsend, Theodore E., Westwood

Vroom William L., Ridgewood (2) Walker, Howard T., Wyckoff (2) Ward Alfred Wycoff, Closter (2)

Ward, George H., Englewood (2)

Teeter, John Nelson, Englewood (2)

Vandewater, Samuel A., Oradell (2) Van Dyke, Joseph S., Palisades Park

Van Horne, Byron G., Englewood (2)

White, Frank H., Hackensack (2)
Wyler Max., Fort Lee (2)
Zabriskie, Samuel, Westwood (2)
Number of members and basis of represen-

(2)

BURLINGTON COUNTY.

tation 71.

Society organized May 19th, 1829. Meets second Wednesday in January, April, June and October.
Annual meeting, January.

President

Mulford, Ephraim R., Burlington (3)

Knapp, Richard E., Hackensack (2)

Vice-President

Harbert, George Eugene, Beverly (3)

Secretary and Treasurer

Tracy, George T., Beverly (3)

Reporter

Remer, D. F., Medford (3)

Censors

Stroud, Frank G., Moorestown (3)

Stokes, Joseph, Moorestown (3) Hollingshead, Enoch, Pemberton (3)

Baird, David, Florence (3)
Barrington, Richard C., Mt Holly (3)
Bauer, H. W., Palmyra (3)
Cassady, J. B., Burlington (3)
Conroy, John, Burlington (3)
Darlington, Elmer P., New Lisbon (3)
Downs, A. L., Riverside (3)
Dubell, John E., Columbus (3)
Dyer, Florence A., 30 Midl'd av., E. Orange (3)
Flynn, John I., Mt. Holly (3)

BURLINGTON COUNTY.—Continued.

Gilbert James S., Bordentown (3) Gordon Altamont L., Burlington (3) Haines, Edgar J., Medford (3) Haines, J. Clifford, Vincentown (3) Haines, J. Ridgeway, Mt. Holly (3) Hollingshead, Irving W., 123 S. 18th st., Phil (3) Hollingshead, Lyman B., Pemberton (3) Jennings, George A., Burlington (3) La Motte, W. Oscar, Wilmington, Del., (3) Langsdorf, Harold, Mt. Holly (3) McDonald, R. F., Riverton (3) MacFarland, James, Burlington (3) Marcy, Alexander, Jr., Riverton (3) Maull, Stewart R., Riverside (3) Mendenhall, Clinton D., Bordentown (3) Metzer, Emma P. W., Riverside (3) Newcombe, Marcus W., Brown's Mills (3)

Parsons, Richard H., Mt. Holly (3) Prickett, Elmer D., Mt. Holly (3) Shipps, William H., Bordentown (3) Small, Alexander H., Riverside (3) Thorne, Nathan, Moorestown (3) Traub, Paul, Roebling (3) Ulmer, D. H. B., Moorestown (3) Wagner, George J., Delanco (3) Whitehead, H. Eugenia, Mt. Holly (3) Wilkinson, G. H., Moorestown (3) Wintersteen, J. Boone, Moorestown (3)

Honorary Members

Noble, Charles P., 1509 Locust st., Phila. (3) Stoddart, Frances J., Rydal ,Pa. (3)

Number of members and basis of representation 45.

CAMDEN COUNTY.

Society organized August 14th, 1846. Meets second Tuesday in February, May, October and December.

Annual meeting in October. Social meeting, February.

President

Schellenger, Ed.A.Y., 429 Cooper st., Camden (4)

Vice-President.

Haley, John J., Gloucester City (4)

Secretary.

Strock, Daniel, 326 Cooper st., Camden (4)

Assistant Secretary.

Pratt, William H., 516 Cooper st., Camden (4)

Treasurer.

Kain, Wm. W., 5th and Pine sts., Camden (4)

Historian.

Cramer, Alfred, Jr., 218 N. 5th st., Camden (4)

Reporter.

Rogers, Edw. B., 814 Haddon, Collingsw'd (4) Censors.

Davis, Henry H., 522 Linden st., Camden (4) Iszard, William H., 411 N. 4th st., Camden (4) Nicholson, Jos. L. 400 Penn st., Camden (4) Stevenson, John R., Haddonfield (4) Wescott, William A., Berlin (4)

Trustees.

Taylor, H. Genet, 305 Cooper st., Camden (4) Markley, Paul H., 515 Cooper st., Camden (4)

Allen, Lida Taylor, 567 Had'n av., Collingsw'd (4) Bailey, Wilson G., 511 Walnut st., Camden (4) Bennett, John K., Gloucester City (4) Blake, Duncan W., Sr., Gloucester City (4) Braddock, Chas. S. Jr., Haddonfield (4) Bray, Walter S., 210 State st., Camden (4) Bushey, Henry F., 701 Pine st., Camden (4) Bushey, Sylvan G., 508 Haddon av., Camden (4) Casperson, Robt., 215 N. 3d st., Camden (4) Casselman, Arth. J., 317 Penn st., Camden (4) Clement, Edgar, 124 W. Main, Haddonfield (4) Cook, Frank B., Laurel Springs (4) Davis, Albert B., 511 Cooper st., Camden (4) Day, Grafton E., 659 Had'n av., Collingsw'd (4) Donges, John W., 525 B'way, Camden (4) Dunn, Fred V., 623 S. 3d st., Camden (4) Elliot, Walter R., West Collingswood (4) Elwell, Alfred M., 407 Cooper st., Camden (4) Fithian, Joel W., 608 Broadway, Camden (4) Goldstein, Hyman I., 1439 B'dway, Camden (4) Haines, Roland I., 300 Kaighn av., Camden(4) Hirst, Levi B., 586 Federal st., Camden (4) Horning, Frank L., 623 Market st., Camden (4) Howard, J. Edgar, Haddonfield (4) Hummel, Ernest G., 501 State st., Camden (4) Hurff, Joseph E., Blackwood (4) Iszard, Ralph J., Haddonfield (4) Jarrett, Harry, B'way & Cherry st., Camden (4) Jennings, Ch. H., N. Centre st., Merch'tv'le (4) Jennings, William B., Haddonfield (4) Jones, William W., 301 Penn st., Catmden (4) Kirk, Grant E., 1717 Broadway, Camden (4) Kelchner, Wm. I., 942 Cooper st., Camden(4) Knight, Geo. B., 3409 Federal st., Camden (4) *Knowlton,Wm.W., 620 Benson st.,Camden(4) Leavitt, John F., 520 N. 3d st., Camden (4) Lee, Thomas B., 622 Cooper st., Camden (4) LeFevre, Adrienette, Blackwood (4) Lippincott, A. Haines, 406 Co'per st., Camden (4) Long, Wm. S., 32 W. Main st., Haddonfield (4) Lyon, Leslie C., Magnolia (4) Madden, Theop. W., Haddon av., Coll'gs'w'd (4) Mahaffey, Jesse L., 537 N. 7th st., Camden (4) Marcy, Alexander, Sr., Riverton (4) Marcy, Fred'k W., 4th & Penn sts., Camden (4) Marcy, John W., Merchantville (4) Martindale, J. W'tson, 2501 Fed.st., Camden (4) McAlister, Alex., 582 Federal st., Camdon (4) Mecray, Paul M., 405 Cooper st., Camden (4) Miller, Wm. E., 8th & Vernon sts., Camden (4) Mines, Marcus K., 532 West st., Camden (4) Osmun, Milton M., 611 B'dway, Camden (4) Palm, Howard F., 614 N. 2d st., Camden (4) Pechin, Ed. C., 300 Penn st., Camden (4) Powell, William R., 702 Market st., Camden(4) Raughley, William C., Berlin (4) Richardson, Emma M., 581 Stevens, Camden (4) Roberts, Joseph E., 401 Broadway, Camden (4) Rose, Horacc I., 652 State st., Camden (4) Ross, Alexander S., 410 Haddon av., Camden (4) Rossell, Ed. W., 801 Cooper st., Camden (4) Saunders, Orris W., 1700 B'dway, Camden (4) Sellmeyer, B'd L., Philadelphia, Pa. (4) Sharp, Jennie S., Stevens st., Camden (4) Shafer, F. Wm., 400 Haddon av., Camden (4 Sherk, Henry H., 2647 W'sfield av., Camden (4) Sieber, Isaac Grafton, Audubon (4)

Smith, J. Anson, Blackwood (4)

Smith, Walter H., Haddonfield (4)

Van Sciver, John E. L., 445 S. 4th, Camden (4)

CAMDEN COUNTY.—Continued.

Honorary Members.

Boughman, G. W., Marshalltown, Del (4) Davis, John B., Philadelphia, Pa. (2) Garrison, Hon. Chas. C., Merchantville, N. J. (4)

Wroth, Jas. H., Albuquerque, New Mexico (4)

DeGrofft, Eugene E., Woodstown, N. J. (4) Robinson, Frank N., Monrovia, Cal (4)

Haines, Willets P., Ocean City (5)

Number of members and basis of representation, 84.

CAPE MAY COUNTY.

Society organized December 18th, 1883. Meets first Tuesday in April and October. Annual meeting, October.

President.

Physick, Emlen, Cape May City (5)

Vice-President.

Mayhew, S. Dixon, Wildwood (5)

Secretary and Reporter.

Way, Eugene, Dennisville (5)

Treasurer.

Tomlin, H. Hurlbut, Wildwood (5)

Censors.

Tomlin, H. Hurlburt, Wildwood (5) Buhrman, Isidorc Phineas, Woodbine (5)

Cohen, Nathan A., Wildwood (5) Corson, Allen, Ocean City (5) Dix, J. Morgan, Cape May C. H. (5) Douglas, John S., Cape May City C. H. (5) Griscom, Isaac N., Ocean City (5)

Scott, Robert C., Sea Isle City (5)

Hand Anna M., 122 So. 17th st., Phila., Pa. (5) Hughes, Frank R., Cape May City (5) Jaffe, Joseph, Woodbine (5) Knowles, James S., Tuckahoe (5) Lake, Wilson A., Erma (5) Leach, Alonzo L., Cape May City (5) Mace, Margaret, Anglesca (5)
Marcy, Virgil M. D., Cape May City (5)
Marshall, Randolph, Tuckahoe (5) Mccray, James, Cape May City (5) Pettit, Herschel, Ocean City (5) Slaughter, James M., Wildwood (5) Way, Clarence W., Dennisville (5) Way, Julius, Cape May Court House (5) Honorary Members. Gandy, Charles M., U. S. Army (5)

Ingram, J. H., China (5)

Number of members and basis of representation, 26.

CUMBERLAND COUNTY.

Society organized December 8th, 1818. Meets first Tuesday in January, April, July and October.

Annual meeting, October.

President

Spence, George S., Leesburg (6)

Vice-President

Charlesworth, Irving E., Bridgeton

Secretary

Miller, H. Garrett, Millville (6)

Treasurer

Cornwell, W. Leslie, Bridgeton (6)

Reporter

Corson, Elton S., Bridgeton (6)

Charlesworth, Ralph R., Millville (6) Cornwell, Alfred, Bridgeton (6) Day, S. Thomas, Port Norris (6) Elmer, Matthew K., Bridgeton (6) Fritts, H. H., Shiloh (6) Garrison, Sherman, Cedarville (6) Glendon, Walter P., Bridgeton (6) Gray, Charles M., Vineland (6) Kaufman, Louis J., Millville (6) Kumpf, Reba Lloyd, Bridgeton (6) Lore, Harry E., Cedarville (6) Mangella, Joseph A., Vineland (6) Mayhew, Charles H., Millville (6)

Moore, John H., Bridgeton (6)

Munson, Arley Isabelle, Vineland (6) Oliver, David H., Bridgeton (6)
Pease, Elber H., Cedarville (6)
Sewall, Millard F., Bridgeton (6)
Smith, Thomas J., Bridgeton (6) Thompson, John R. C., Bridgeton (6) Sawyer, Waldo F., Vineland (6) Wade, John W., Millville (6) Warc, F. Vernon, Millville (6) Wilson, Charles W., Vineland (6) Wilson, Stacy M., Bridgeton (6) Winslow, John H., Vineland (6)

Associated Members

Ashton, W. E., 2011 Walnut st., Phila., Pa. (6) Barton, J. M., 1314 Spruce st., Phila., Pa. (6) Deland, Judson, 317 S. 18th st., Phila., Pa (6) DcCosta, J. Chalmers, 2045 Walnut, Phila (6) Harc, H. A., 1801 Spruce st., Phila Pa. (6) Hirst, B. C., 1821 Spruce st., Phila., Pa. (6) Keen, W. W., 1729 Chestnut st., Phila., Pa. (6) Noble, Chas. P., 1509 Locust st., Phila Pa. (6) Reisman, David, 162 Spruce st., Phila., Pa. (6)

Honorary Members
Applegate, J. C., 3504 N. Broad, Phila., Pa. (6)
Snyder, Sharps M., Greenwich (6)

Number of members and basis of representation, 31.

ESSEX COUNTY.

Society organized June 18th, 1816. Annual meeting first Tuesday in October. Other meetings determined by Society at Annual Meeting.

President

Sutphen, Carl E., 31 Roseville av., Newark (7) Rogers, Robert H., 49 Ninth av., Newark (7)

Vice-President

Hagerty, John F., 30 Wallace pl., Newark (7)

Secretary.

Hunt, Ralph H., 29 Harrison st., E. Orange (7)

Treasurer

Reporter

Pinneo, Frank W., 199 Garside st., Newark (7)

Abraham, Ch. F., 320 Main st., E. Orange (7) Adams, John K., 475 Main st., Orange (7)

ESSEX COUNTY.—Continued.

Albano, Guiseppe, 402 Chester av., Newark (7) Albee, Geo. C., 219 S. Orange av., Newark (7) Alexander, Walter G., 14 Webster Pl., Orange (7) Alling, Fred'k A., 598 Broad st., Newark (7) Areson, Wm. H., 386 Blvu. av., Up. M'telair(7) Asher, Maurice, 19 Court st., Newark (7) Bagg, L. W., 712 Clinton av., Newark (7) Baker, Charles F., 47 Walnut st., Newark (7) Baldwin, Sam'l H., 626 Clinton av., Newark (7) Baldwin, Winifred E., 117 N. 6th st., Newark (6) Ball, Charles E. A., 153 Valley st., S. Orange (7) Bangert, Geo. S.,142 N. Walnut st., E.Orange (7) Banister, Rob't L., Ralston, Morris County (7) Banks, Chas. W. 298 Main st., East Orange (7) Barkhorn, Henry C.,182 Hunt'd'n st., Newark (7) Beeker, Fred'k W., 478 Clinton av., Newark (7) Beeket, Geo. C., 346 Spr'd'lav., E. Orange (7) Beggs, Wm. F., 17 Fulton st., Newark (7) Beling, Chris'r C., 109 Clinton av., Newark (7) Belott, Jos. A., 88 Jefferson st., Newark (7) Benediet, Alfred C., 129 S. O. av., S. Orange (7) Bennett, Chas. D.,167 Clinton av., Newark (7) Benton, Nelson K., 154 Clinton av., Newark (7) Berardinelli, Carmine G., 92 8th av., Newark (7) Bianehi, Angelo, R., 104 7th av., Newark (7) Bingham, Arthur W., 299 Main st., E. Orange (7) Blackburne, George, 111 Park av., Newark (7) Blank, Lewis N., 74 So. 8th st., Newark (7) Bleick, Theo. E., 340 Waverly av., Newark (7) Bleick, Wm. D., 526 Clinton av., Newark (7) Bleyle Herman C., 15 Walnut st., Newark (7) Bootay, Fred'k S. 607 Wash'gton av., Belleville (7 Bowman, J. Floyd, 40 Union av., Irvington (7) Boyle, Thos. P., 2 Governeur st., Newark (7) Bradford, Stella S., 76 Chureh st., Montelair (7) Bradshaw, John H., 27 High st., Orange (7) Brien, William M., 111 Main st., W. Orange(7) Broadnax, Mary E., 79 Clinton av., Newark (7) Broughton, Wm. R., 15 Church, Bloomfield (7) Brown, Jas. S., 43 S. Fullerton, Montclair (7) Brown, Richard J., 148 R'sv'l av., Newark (7) Buermann, Robert, 218 Grafton av., Newark (7) Buerman, Wm., 352 Belmont av., Newark (7) Bumstead, Chas. V.R., 235 Grafton av., New'k (7 Bunn, Frank O., 22 Hillyer st., Orange (7) Burne, John J., 549 Central av., Newark (7) Burns, Edward L., 269 Broad st., Newark (7) Bush, Areher C., Bloomfield av., Verona (7) Butler, Eustage Cameron, Caldwell (7) Buttner, Carl, Day st., eor. White, Orange (7) Buvinger, Chas. W., 50 Wash'ton st., E. Orange (7) Campbell, Herman B., 392 Wash. st., Newark (7) Campbell, Wellington, Short Hills (7) Carman, Fletcher F.,169 Clerm't av., Monte'r(7) Carter, Helen L., Maplewood (7) Case, Levi W., 41 Park st., Montelair (7) Cater, Doug. A., 59 Harrison st., E. Orange (7) Cecire, Joseph, 148 Adams st., Newark (7) Chamberlain, Aims R., Maplewood (7) Chandler, Wm. J., 123 Milligan pl. S.Orange (7) Chattin, J. Franklin, 5 W. Park st., New'k (7) Chiger, Alex. S. 82 Morton st., Newark (7) Christian, Albion C., Irvington (7) Clark, J. Henry, 12 Walnut st., Neawrk (7) Cobb, Geo. H., Irvington av., S. Orange (7) Coe, Richard, 11 Warren st., Newark (7) Coffey, Michael J., 216 Bank st., Newark (7) Cohn, Hermann, 281 Mulberry st., Newark (7) Cohn, Royal M., 78 Elizabeth av., Newark (7) Coit, Henry L., 277 Mt. Prospect, Newark (7) Comando, H. N., 407 Littleton av., Newark (7) Condiet, Aliee B., 14 Cleveland st., Orange (7) Condon, John F.,686 Mt. Pros. av., Belleville (7)

Conlon, Philip, 16 Lombardy st., Newark (7) Cooke, Wm. H., 10 N. Munn av., E.Orange (7) Cook, Hugh F., 366 Sussex av., Newark (7) Cook, Mary, 15 Fulton st., Newark (7) Corrigan, Geo. F., 344 Lafayette st., Newark (7) Cornell, Virgil H., Overb'k Hosp. Ced'r Grove (7) Corwin, Theo. W., 671 Broad st., Newark (7) Cory, Horaee C., 224 Broad st., Newark (7) Courtwright, Everett P., 11 Centre st., New'k(7) Crane, Chas. G., 73 Sherman av., Newark (7) Crane, Josiah W., N.J. State Prison, Trenton (7) Dane, Chas., 102 Irvington av., S. Orange (7) Dane, John, 52 Vose av., South Orange (7) Daniell, Arthur, 529 Springfield av., E. Orange (7) Danzis, Max, 46 Mereer st., Newark (7) Davenport, Peter B., S. Or. av., Vailsburgh (7) Davidson, Louis L., 116 Spruce st., Newark (7) Davies, Geo. W., Es. Co. Ins. Hosp., Verona (7) Davis, Lester R., 58 Elizabeth av., Newark (7) Dennis, John, Homestead, Dade Co., Florida (7) Derivaux, John A., 156 Hunt'don st., Newark(7) De Vausney, Win. S., 6 Lomb'dy st., New'k(7) Devlin, Frank, 98 Congress st., Newark (7) Devlin, Hugh J., 72 Thomas st., Newark (7) Dias, Joseph L., Sehubert Bld., Newark (7) Dieffenbaeh, Rieh.H.,570 Mt. Pros.av., N'w'k(7) Disbrow, Wm. S., 151 Orehard st., Newark (7) Dodge, Walter, 32 Cleveland st., Orange (7) Dodd, Edward L., Smith st., Bellville (7) Donnelly, Robert J., 26 Wallace pl., Newark (7) Dougherty, Arthur C., 158 Wash'ton, New'k (7) Dowling, Charles E., 215 Park av., Orange (7) Duryee, John L., 436 High st., Newark (7) Eagleton, Wells P., 15 Lomb'dy st., Newark (7) Edwards, Philip H., 113 Summit st., New'k (7) Edwards, Sarah M., 207 Sum'r av., Newark (7) Elliot, Daniel, 44 Bleecker st., Newark (7) Emerson, Linn, 234 Main st., Orange (7) Emory, Geo. B., 31 Lineoln Park, Newark (7) English, David E., 113 Sum't av., Sumit (7) English, James R., 51 Cypress st., Newark (7) English, John T., 781 Clinton av., Newark (7) Epler, Dow A., 82 Congress st., Newark (7) Epstein, Henry B., 465 High st., Newark (7) Erler, Eugene W., 119 N. 5th st., Newark (7) Farkas, Morris, 266 Watchung av., W. Orange (7) Faughnan, Rose C., 380 Lafayette, Newark (7) Federman, Phil. H.,220 Fairm't av., Newark (7) Feldman, Max, 51 13th av., Newark (7) Fewsmith, Joseph, 47 Central av., New'k (7) Fewsmith, Jos. L., 76 Central av., New'k (7) Finklestein, Abraham, 262 High st., Newark (7) Fischer, Wm. C., 862 S. Or. av., Vailsburgh (7) Fisher, Armin, 42 16th av., Newark (7) Fitzpatriek, Ed. F., 574 Warren st., New'k (7) Flower, Morris A., 167 W. Kin'y st., New'k (7) Forstat, S., Haddon Hall, Montclair (7) Fort, J. Irving, 137 Roseville av., Newark (7) Foster, W. Story, 147 Summer av., New'k (7) Frederick, Gustave H., 349 Camd'n st., New'k (7 Freeman, Richard D., Vose av., S. Orange (7) Freese, John A., 436 Central av., E. Orange (7) Furman, B. A., 195 Roseville av., Newark (7) Furst, Nathan, 39 Belmont av., Newark (7) Gale, Geo. B., 936 Broad st., Newark (7) Gale, Wm. V., 259 Roseville ave., Newark (7) Gantz, Emma O., 32 Park av., E. Orange (7) Gauch, William, 77 Elwood av., Newark (7) Gluekman, Isaae E., 442 High st., Newark (7) Goodwin, Wm. H., 75 Congress st., Newark (7) Grady, W. F., 42 N .Fullerton av., M'tclair (7) Granger, Wm. R., 27 Wallaee pl., Newark (7) Graves, Wm. B., 426 Main st., East Orange (7)

ESSEX COUNTY.—Continued.

Gray, John W., 138 Clinton av., Newark (7) Gray, Thos. N., 20 Halsted st., E. Orange (7) Green, Wm. H., 58 E. Kinncy st., Newark (7) Greenbaum, Sol., 142 W. Kinney, Newark (7) Greenberg, Sam'l, 67 Stratford pl., Newark (7) Greenfield, Bernard H., 205 S. Or. av., New'k(7) Griffiths, Chauncy B., 257 Clint'n av., New'k(7) Guenther, Emil E., 159 W. Kinney, New'k (7) Hagrey, John F., 88 Ferry st., Newark (7) Hagney, Fred'k W., 69 Penn. av., Newark (7) Hailperin, C. J., 181 Hunterdon st., New'k (7) Haines, Eleanor, 934 Broad st., Newark (7) Halsey, Levi W., 40 Church st., Montclair (7) Hanan, Jas. T., 11 The Crescent, Montclair (7) Harden, Albert S., 540 Warren st., Newark (7) Harris, H. Crittenden, Glen Ridge (7)
Hart, Hugh M., 300 Mt. Pros. av., Newark (7)
Harvey, Thos. W., Main & Hillycr, Orange (7) Harvey, Thos. W., Jr., Main st., Orange (7) Haussling, Francis R., 661 High st., New'k (7) Hawkes, E. Zeh, 14 Fulton st., Newark (7) Haydon, Jos. H., 32 Gould av., New'k (Heath, Louanna, 19 N. 6th st., Newark (7) Hemsath, John, 36 Spruce st., Newark (7) Hernsath, John, 36 Spruce St., Newark (7)
Herold, Herman C. H., 1012 Broad, New'k (7)
Herold, Her. C. H., Jr., 1012 Broad, New'k (7)
Hewson, James S., 431 Avon av., Newark (7)
Hexamer, Fred, 118 Wickliff st., Newark (7)
Hicks, William H., 768 High st., Newark (7)
Hill, Chas. F., 51 Hamburg pl., Newark (7)
Hill, Chay. Livingst'n S., 182 Clint'n av. N'w'k (7) Hinckley, Livingst'n S., 182 Clint'n av., N'w'k(7 Hitchcock, W. E., 55½ Belleville, Newark (7) Holden, Edgar, Jr., 617 Mt. Pros., Newark (7) Holler, Henry B., 234 Montclair av., New'k (7) Hollister, L. Eugene, 138 Clinton av., New'k(7) Holmes, Geo. J., 17 Elizabeth av., Newark (7) Horsford, F. C., 305 Belleville av., Newark (7) Hosp, Paul H., 8 Parkhurst st., Newark (7) Houck, Wm. J., 110 Bloomfield av., New'k (7) Hubbard, Fayette E., 45 Church st., M'tclair (7) Hughes, Morgan D., 1 Park pl., Bl'mfield (7) Husserl, Siegfried, 777 Clinton av., New'k (7) Ill, Charles L., 188 Clinton av., Newark (7) Ill, Edgar Alexander, 1002 Broad st., New'k (7) Ill, Edgar J., 1002 Broad st., Newark (7) Jacobson, Fred'k C., 969 Broad st., New'k (7) Jedel, Meyer, 125 4th st., Newark (7) Johnson, Jotham C., 10 Chestnut st., New'k(7) Kashkevich, John J., 341 Walnut st., Newark(7) Kauffman, Ernest, 55 New st., Newark (7) Kaufhold, Frank, 41 Leslic st., Newark (7) Keim, William F., 25 Roseville av., New'k (7) Keller, Syd. C., 166 Washington st., New'k (7) Kennard, Wm. S., 762 Broad st., Newark (7) Kent, George R., 37 8th av., Newark (7) Kerns, Francis J., 17 Fairmount av., New'k (7) Kessler, Henry B., 16 Norfolk st., Newark (7) Kitchen, Jos. M. W., 94 Pros. st., E. Orange(7) Kirkman, Leroy G., 260 Orange st., Newark (7) Knowles, Francis E., 162 S. Or. av., S. Or. (7) Koch, Louis A., 16 Chestnut st., Newark (7) Korneman, Henry A., 262 15th av., Newark (7) Kraker, David A., 236 Broad st., Newark (7) Kupperman, Isaac., 49 Hillside pl., Newark (7) Lamont, Geo. F. M., 194 Clinton av., New'k (7) Lane, Frank B., 528 Main st., E. Orange (7) Lee, Stephen G., 29 Halsted st., E. Orange (7) Lehlbach, Ch. F., 22 Breintnal pl., New'k (7) Levy, Julius, 191 Littleton av., Newark (7) Lewis, Geo. Rae, 481 Summer av., New'k (7) Leyenberger, Sam'l B. W., 98 3d av., New'k (7) Lippincott, Jesse D., 304 Summer av., New'k(7) Livingston, Paul, 35 S. Arli'gt'n av., E. Or'ge(7)

Lockwood, Frank W., 237 Pros. E. Orange (7) Long, Herbert, W., 102 Jefferson st., New'k (7) Lowits, Otto, 26 13th av., Newark (7) Lowrey, James H., 79 Congress, Newark (7) Lowy, Otto, 549 High st., Newark (7) Luongo, Fredrico, 7 Hurlburt st., Orange (7) Lyon, Ernest M., 282 Broad st., Newark (7) MacDonald, Jos., Jr., 134 Greenw'd, E. Or'ge(7) McBride, Hesser G., 252 Mulberry st., New'k (7) McCabe, Thos. S., 234 Lafayette st., New'k (7) McCartie, David B., 93 4th av., Newark (7) McCormick, Dan. L., 22 E. Kinn'y st., N'w'k(7) McCroskery, Jas.H., 208 N.Arling. av., E. Or. (7) McEwen, Floy, 299 Belleville av., Newark (7) McKenzie, Wm. H., 942 Broad st., Newark (7) McLellan, Ceo. O., 11 Hollyw'd av., E. Or. (7) Maas, Max A., 329 Clinton av., Newark (7) Mabey, J. Corwin, 242 Cl'rm't av., Montclair (7) Maghee, James M., 7 Main st., W. Orange (7) Mandeville, F. N., 256 Clinton av., New'k (7) Mancusi-Ungaro, L., 156 Mt. Pros., Newark (7) Martine, Frank L., 256 Clifton av., Newark (7) Martinetti, Carlo D., 259 Central av., Orange (7) Martland, Harrison S., 113 Broad, Newark (7) Martland, Wm. H., 1138 Broad st., Newark (7) Matheke, Otto Geo., 5 S. 4th st., Newark (7) Matthews, Henry E., 12 Hillside av., Orange(7) Mead, Sarah R., 37 Fulton st., Newark (7) Medd, John Crocker, Maplewood (7)
Mecker, John L., 22 E. Kinney st., Newark (7)
Meeker, Frank B., 63 First st., Newark (7)
Mccker, Irving Λ., 581 V. R'd, Upper M'tclair (7)
Megaro, Pan. M., 313 High st., Newark (7) Merceles, Elizabeth, 17 Plymouth, Montclair (7) Mercer, Archibald, 31 Washington, Newark (7) Minard, E. Leroy, 201 N. 19th st., E. Orange (7) Minningham, Wm. D., 448 High st., Newark (7) Mitchell, Augustus J., 59 South st., Newark (7) Mitchell, Win. D., 23 S Grove E. Orange (7) Mockridge, Oscar A., 240 Belleville av., New'k (7) Moore, John D., 424 Frank'n st., Bloomfild (7) Morriso, Clem., 75 Washington av., Newark (7) Morrison, Caldwell, 379 7th av., Newark (7) Morrison, John B., 97 Halsey st., Newark (7) Motzenbecker, P. F., 680 High st., Newark (7) Moulton, Chas. D., 142 Greenw'd, E. Orange (7) Mount, Walter B., Plymouth st., M'tclair (7) Mullin, Raymond J., 5 W. Park st., Newark (7) Murray, Eugene W., 91 Wash't'n av., New'k (7) Muta, Samuel A., 47 Park av., W. Orange (7) Nadler, Frederick C., 31 Green st., Newark (7) Nash, Albert B., 10 So. 13th st., Newark (7) Nash, William G., 827 Clinton av., Newark (7) Neare, Clifford R., 2 H'wth'ne av., E. Or'ge(7) Newman, Emanuel D., 81 New st., Newark (7) Newton, Anna B., 137 S. Or. av., S. Orange (7) Newton, Rich. C., 42 Church st., Montclair (7) Noble, Willis C., 55 S. Fullerton, Montclair (7) Nolte, Henry W., 255 Mulberry st., Newark (7) Nunn, Sylvanus J., 95 Day st., Orange (7) O'Brien, D. Jerome, 143 Centre st., Orange (7) O'Crowley, Clarence R., 12 Lomb'dy, New'k(7) O'Neill, Chas. L., 11 North 7th st., Newark (7) Opdyke, Ralph, 27 S. Fullerton, Montclair (7) Orton, Henry B., 42 Eaton pl., E. Orange (7) Paczkowski, Thad, 178 Broad st., Bloomfield(7) Palmer, Gidcon H., 9 N.Arl'gton av., E. Orange(7) Parker, John E., 188 Midland av., E. Orange (7) Parker, Spotswood, H., 72 4th av., E. Or'ge(7) Parsonette, Vic., 132 W. Kinney st., New'k(7) Patterson, Wm. Palmer, 177 S. 10th, New'k (7) Paul, Frederick M., 562 High st., Newark (7) Payne, Guy, Cedar Grove (7)

ESSEX COUNTY .- Continued.

Peck, Edward E., Bloomfield av., Caldwell (7) Pendexter, Sid. D., 6 S. Arl'gt'n av., E. Or'gc (7) Petry, William, 109 Tracy av., Newark (7) Phelan, Edward S., 18 South st., Newark (7) Philhower, George P., Grant av., Nutley (7) Polevski, Jacob, 44 West st., Newark (7) Porter, Katherine, Oakwood av., Orange (7) Potter, Palmer A., 26 Halsted, E. Orange (7) Potter, Robert C., 25 Fulton, Newark (7) Price, Nathaniel G., 56 Boston st., Newark (7) Pulsford, Henry A., 139 S. Or. av., S. Or'ge(7) Pursel, W. Dana, 68 Eaton pl., E. Orange (7) Quinby, Wm. O'G., 14 James st., Newark (7) Ramos, Nich. J., 134 Greenw'd, E. Orange (7) Randall, Charles H., 50 3d av., Newark (7) Ranson, Briscoe B., Jr., Maplewood (7) Rathgeber, Chas. F., 18 William st., E. Or. (7) Read, Joshua W. 546 Broad st., Newark (7) Reissman, Erwin, 2 Stratford pl., Newark (7) Rettig, Isadore L., 229 Hunt'rd'n st., New'k(7) Ribbans, Robert C., 63 Central av., Newark (7) Richman, Edw. M., 252 Mulberry st., New'k(7) Ricketts, H. E., Isolat. Hosp. Belleville (7) Robbins, Chas. M., 154 Court st., Newark (7) Robertson, Sam'l E., 21 Walnut st., Newark (7) Robinson, Benj. A., 265 Mulbe'ry st., New'k (7) Robinson, Manning N., 159 Elm st., Newark (7) Robinson, Wm. D., 24 S. Grove, E. Orange (7) Rodemann, W'ts'n L.,153 Milf'd av., New'k(7) Rogers, George A., 1 Wallace st., Newark (7) Roeber, William J., 104 Spruce st., Newark (7) Rosenwasser, Chas. A., 1143 Broad st., New'k (7 Rostow, Clarence, 655 High st., Newark (7) Roth, Oswald H., 210 Littleton av., New'k(7) Rubinow, Saul M., 602 High st., Newark (7) Runyon, Meff'd, 110 Irvington av., S. Orange (7) Russell, Anth. B., 54 William st., E. Orange (7) Satchwell, Harry H.,99Frederick st., Newark (7) Satterer, Win., 796 S. Orange av., Vailsburg (7) Schaefer, Eugene P.,697Springfieldav., New'k (7) Scheetman, Vera 62 Stratford pl., Newark (7) Scheppach, Harry A., 164 Berg'n st., New'k (7) Schneider, Chas. A., 664 Clinton av., Newark (7) Schneider, Louis, 684 Springfield av., New'k (7) Schopfer, William A., 43 Read st., Newark (7) *Schureman, Chas. A., 22 Hill st., Newark (7) Schwarz, Emanuel, 561 High st., Newark (7) Scott, Rob't Hunter, 17 Gould av., Newark (7) Sealy, Edward, 369 Washington st., Newark (7) Seibert, Edgar C., 436 Main st., Orange (7) Seidler, William F., 21 Ferry st., Newark (7) Scidman, Marcus, 580 High st., Newark (7) Selvage, Chas. E., 14 Osborne ter., Newark(7) Shailer, Sumner, 261 Clinton av., Newark (7) Shaul, Fred'k G., 10 Washington, Bloomfi'ld(7) Sheehan, Jas. E., 108 Essex av., Orange (7) Sherman, Elbert S., 310 Mt. Prosp'ct, New'k(7) Shick, William F., 31 Park, Newark (7) Simmons, A. V., 18 Headly ter., Irvington (7) Simmons, M. Herb., 225 Cleveland, Orange (7) Smalley, Sara D., 530 Clifton av., Newark (7) Smith, Anna L., 50 N. Fullerton, Montelair (7) Smith, Howard S., 198 Ferry st., Newark (7) Smith, Joseph J., 325 13th av., Newark (7) Smith, Leonard H., 506 Wm. st., E. Orange (7)

Sutton, Fred A., 112 Day st., Orange (7)
Synnott, Martin J., 34 S. Fullerton, M'tclair (7)
Tarbell, Henry A., 87 Hillside av., Newark (7)
Taylor, George H., Maplewood (7) Tecter, Chas. E., 418 Orange st., Newark (7) Teimer, Theodor, 184 Clinton av., Newark (7) Thayer, Henry W., 28 Dodd st., Bloomfield (7) Thompson, Arthur F., 169 Main st., E. Orange (7 Thompson, Austin B., 21 Highl'd av., Orange (7) Titus, Charles W., 126 N. 7th st., Newark (7) Tobey, Franklin J., 15 Wallace st., Newark (7) Towle, Henry A., 16 Halsey st., Newark (7) Trainor, James H., 30 Stratford pl., Newark (7) Twinch, Sidney S., 24 Fulton st., Newark (7) Tymeson, Walt R., Met, Bldg., Orange (7) Underwood, Chas. F.,259Mt.Pleasant, New'k(7) Vail, Herbert B., 282 Wash't'n av., Belleville (7) Vanderhoff, Irving M., 59 S. 10th st., Newark (7) Van Duyne, Sarah E., 247 Belleville av., New'k (7 Van Ess, John, 511 Clinton av., Newark (7) Van Ness, H. Ray, 210 Mt. Prospect av., New'k (7 Van Wagenen, Geo. A., 101 N. 6th, Newark (7) Verbeck, George B., Caldwell (7)
Vinton, Maria M., 15 Halsted pl. E. Orange(7)
Voelbel, Ben. H., S. Orange av., Vailsburg (7)
Waite, George N., 569 High st., Newark (7)
Wallage, Horny, Clar Didge (7) Wallace, Henry, Glen Ridge (7)
Wallhauser, Henry J. F., 47 New, Newark (7)
Ward, Gertrudc P., 41 Park pl., Bloomfield(7)
Ward, William J., 20 Fairmount av., New'k(7) Ward, Wm R., 752 Broad st., Newark (7) Warner, W. H. Alonzo, 400 Central, E. Or'ge(7) Warren, Geo. L., 77 Houston st., Newark (7) Washington, Walt. S., 9 Fulton st., Newark (7) Washington, Wm. H., 23 Orleans st., New'k (7) Webner, C. Fred'k, 96 Clinton av., Newark (7) Weiss, Louis, 516 Springfield av., Newark (7) Whelan, Edward P., Nutley (7) Wherry, Elmer G., 325 Clinton av., Newark (7) White, Wm. H., 451 Franklin, Bloomfield (7) Whitehorne, Henry B., Grove av., Verona (7) Whitenack, M. Royal, 19 Bathgate pl., New'k (7) Wickman, Albert, 410 Bergen st., Newark (7) Winans, Jos. C., 333 Wash'ton av., Belleville(7) Wismar, Wm. F., 108 Belmont av., Newark (7) Witt, Geo. B., 10 Richmond st., Newark (7) Wolfe, Wm. Wilson, 383 Mulbe'ry st., New'k(7) Wolfs, Jean F., 915 So. 16th st., Newark (7) Woolf, Bernard H., 40 Waverly av., Newark (7) Worl, Edward E., 271 High st., Newark (7) Wort, Fred J., Jr., 102 Clinton av., Newark (7) Wrensch, Alex. E., 79 Valley rd., Montclair (7) Wrightson, Jas. T., 25 Walnut st., Newark (7) Young, Chas., 23 E. Kinney st., Newark (7) Zehnder, Antho'y C., 180 Fairm't av., New'k (7) Number of members and basis of representation, 426.

Sondern, Paul F., 16 Church st., Montclair (7)

Sprague, Ed. W., 108 Washington, Newark (7)

Staehlin, Edward, 15 Lincoln Park, Newark (7) Stage, Jacob S., 601 Clinton av., Newark (7)

Stahl, Alfred, 565 Bergen st., Newark (7) Steiner, Edwin, 577 High st., Newark (7) Sutphen, Theron Y., 992 Broad st., Newark (7)

GLOUCESTER COUNTY.

Society organized December, 1818. Meets third Thursday in March, May, September and November.
Annual meeting, January.

President.

Sinexon, Henry L., Paulsboro (8)

Vice-President.

Fooder, Horace M., Williamstown (8)

Secretary and Treasurer.
Reading, George E., Woodbury (8)

Donouton

Reporter.

Wilson, Howard A., Woodbury (8)

GLOUCESTER COUNTY.—Continued.

Censors.

Halsey, Luther M., Williamstown (8 Hunter, James, Jr., Westville (8) Stout, Harry A., Wenonah (8)

Asheraft, Samuel F., Mullica Hill (8)
Black, Allan B., Paulsboro (8)
Brewer, William, Woodbury (8)
Campbell, Dunean, Woodbury (8)
Chalfant, Harry B., Mulliea Hill (8)
Clement, Ruth, National Park (8)
DeGrofft, Vernon E., Swedesboro (8)
Diverty, Henry B., Woodbury (8)
Duffield, Elias M., Glassboro (8)
Fisler, C. Frank, Clayton (8)
Heritage, Charles S., Glassboro (8)
Hillegass, Eugene Z., Mantua (8)
Hollinshead, Ralph K., Westville (8)

Ogden, B. Frank, Clayton (8) Pedrick, Charles D., Glassboro (8) Phillips, Cyrus B., Pitman (8) Stilwagon, Philip E., Bridgeport (8) Underwood, J. Harris, Woodbury (8)

Honorary Members.

Bailey, George W., Philadelphia, Pa. (8)
Deland, Judson, Philadelphia, Pa. (8)
DeGrofft, E. E., Woodstown, N. J. (8)
Hare, Hobart A., Philadelphia, Pa. (8)
Iszard, William H., Camden, N. J. (8)
Noble, Charles P., Philadelphia, Pa. (8)
Oliphant, Eugene T., Bridgeport, N. J. (8)
Turnbull, Chas. S., 1935 Chestnut, Phil., Pa (8)

Number of members and basis of representation, 25.

Bull, Edward L., 2 Madison av., Jersey City(9)

HUDSON COUNTY.

Society organized October 11th, 1851. Meets first Tuesday in each month, except June, July, August and September. Annual meeting, October.

President.

Dickinson, Gordon K., 280 M'tg'm'y st., Jer. C"y (9

Vice-President.

De Merritt, Ch. L., Terminal Bldg., Hoboken (9)

Secretary.

Finke, Charles H., 317 York st., Jer. City (9)

Treasurer.

Brinkerhoff, Henry H., 101 Fairv'w av., Jer. City (9

Reporter.

Friele, William, 108 Palisade av., Jer. City (9)

Censors.

Cosgrove, Samuel A., 254 Union st., Jer. City(9) Sexsmith, Geo. H., 719 Ave. C, Bayonne (9) Spence, Henry, 681 Bergen av., Jersey City(9)

Abbott, Henry D., 24 E. 33d st., Bayonne (9) Adams, Sam'l, 2845 Boulevard, Jersey City(9) Alexander, Hugo, 511 Garden st., Hoboken (9) Allen, Ulamer, 235 Ogden av., Jersey City (9) Allers, Henry, 109 Harrison av., Harrison (9) Ames, Elmer H., 85 Fairview av., Jer. City (9) Arlitz, William J., 630 Bl'mfi'd st., Hoboken(9) Armstrong, Ed.C.,44 Columbia ter., Weeh'k'n(9) Ash, Arthur F., 11 1st st., Weehawken (9) Axford, W. Homer, 711 Ave C, Bayonne (9) Ballinger, Reese, 48 Sherman av. E. Newark (9 Bartone, Frank, 811 M'tgomery st., Jer. City (9) Baumann, John J., 124 Mercer st., Jer City(9) Baumann, Louis, 298 Fourth st., Jer. City (9) Baxter, M. E., 169 Claremont av., Jer. City(9) Benson, Jas. J., 433 15th st., W. New York (9) Billingham, W. J., 445 14th st., W. New York (9) Birdsall, Clar'ee A., 424 West Side av., Jer. C'y (9) Blanehard, Oliver R., 37 Cl'ton av., Jer. City(3) Bogardus, Henry J., 427 Bergen av., Jer.City(9) Borgmeyer, J. G. Louis, 710 Ave C, Bayonne (9) Bowyer, Frank F., 835 M'tg'm'y st., Jer. City(9) Boyd, William S., Salters Depot, S. C. (9) Brady, William, 234 4th st., Weehawken (9) Brancato, S., 325 Fulton st., Town of Union (9) Branner, Wm. S., 239 Garden st., Hoboken (9) Broderick, John J., 355 Pae. av., Jer. City (9) Brooke, William W., 915 Ave. C. Bayonne (9) Brown, Chester R., 106 Midland av., Arlington (9 Brown, Harold W., 20 Britton st., Jer. City (9) Bruder, A. J., 303 Variek st., Jersey City (9) Bueehler, Juls, 437 16th st., W. New York (9)

Callen, F. L., 526 N. 3d st., E. Newark (9) Cassidy, John M., 35 Bergen av., Jer. City (9) Chambers, Talbot R.,15 Exch'ge pl.,Jer. City (9) Chapman, E. J., 235 Fulton st., Jersey City (9) Chard, John A., 14 Virginia av., Jer. City (9) Child, Frank M., 927 Wash'ton st., H'b'k'n (9) Connell, John, 977 Summit av., Jersey City (9) Conty, Arth. J., 423 Bergenline av., W.N. Y'k(9) Cook, John, 38 East 22d, st., Bayonne (9) Corwin, Fred M., 696 Ave. C, Bayonne (9) Craig, Burdette P., 15 Exh'nge pl., Jer. City(9) Craven, Joseph J., 306 Varick st., Jer. City(9) Cropper, Charles W., 85 Gifford av., Jer. City (9) Crudden, Francis, 227 Warren st., Jer. City(9) Culver, Geo. M., 23 Glenwood av., Jer. City (9) Culver, S. Herb., 64 Magnolia av., Jer. City (9) Curtis, Grant P., 120 N. Y. av., Town of Union (9 Dallas, Alexander, Florham Park (9) Daly, Bert, 146 Ave. C, Bayonne (9) Decker, Clint. L., 710 Ovean av., Jersey City(9) Dinglesteadt, R. H., 619 Hudson st., Hob'k'n(9) Donohue, D. J., 287 Hudson Boul'v'd, J. City(9) Donohue, Lucius F., 33 Dodge st., Bayonne(9) Doremus, Widmer E., 106 Midl'd av., Arl'ton(9) Drassel, Gustave W., 91 Jerffers'n st., H'b'k'n(9) Duckett, Warren J.,932 Summit av., Jer.City(9) Dukes, Howard R., 208 Kearny av., Kearny (9) Dunkel, Edwin K., 278 M'tg'm'y st., Jer. City (9) Dusenberry, Edwina F.,843M'tg'm'yst.,Jer.C'y(9 Edgar, Jos. A., 71 Congress st., Jer. City (9) Edsall, Frank H., 70 Tonnele av.. Jer. City (9) Enright, Jas. G., 311 York st., Jersey City (9) Everitt, Chauncey V., 38 Boyd av., Jer. City (9) Faber, John, 289 Central av., Jersey City (9) Faison, Wm., F., 45 Glenwood av., Jer. City (9) Farr, John C., Jr., 1228 Bl'infi'd st., H'b'ken(9) Feury, N. Fred, Bergen sq., Jersey City (9) Finnerty, John H., 217 8th st., Jer. City (9) Finn, Fred'k A., 157 Danforth av., Jer. City (9) Flaherty, Michael E.,292Summit av.,Jer.City(9) Fletcher, Zach. P., 23 Cottage st., Jer. City (9) Fitzgerald, Paul, Pru. Ins. Co., Newark (9) Forman, Arch'ld C.,41 W. 32d st., Bayonne (9) Forman, Howard S., 640 Bergen av., Jer. City(9) Frace, Peter W., 1115 Bl'mfield st., Hoboken (9) Frank, Maurice, 16 W. 22d st., Bayonne (9) Franklin, Louis, 193 Palisade av., Jer. City(9) Friel, Eva, 108 Palisade av., Jersey City (9) Frundt, Osear C., 92 Batholdi av., Jer. City(9)

Fyfe, Geo. D., 540 Bramhall av., Jersey City (9)

HUDSON COUNTY.—Continued.

Gelbach, Rud'ph W.,809 Hudson st., H'boken (9) Gilchrist, Chas. A., 916 Huds'n st., Hoboken (9) Gille, Hugo, 149 Congress st., Jersey City (9) Goldberg, Eugene H.,238 Kearnyav., Kearny (9) Goudy, Elmcr, 187 Kearny av., Kearny (9) Gould, J. Howard, 720 Avc C, Bayonne (9) Granelli, Mich. S., 102 Bl'mf'ld st., Hoboken(9) Gray, Frank D., 62 Madison av., Jer. City (9) Gray, Fred C., 740 Avc. C. Bayonne (9) Greene, James S., 242 Harrison av., Jer. City(9) Halloway, J. Morgan, 539 Sum'it av.,Jer.City(9) Hamill, Pat'k J. 300 Varick st., Jer. City (9) Hardenburg, Dan'l S.,347C'm'nip'wav.,Jer.C'y(9) Haskings, Arthur P.,318 M'tg'm'yst.,Jer.City(9) Heatherington, Wm. L., 299 Varick st., J. C'y(9) Heintzelman, Bert. E., 19 W. 33d st., Bayon'e(9 Hilfer, Sigman C., 226 16th st., W.New York(9) Hirsch, Richard, 175 Ocean av., Jer. City(9) Hoening, Chas. 928 Hudson st., Hoboken (9) Hoffman, Peter, 209 Pavonia av., Jer. City(9) Hommell, Philm'n S.,689 Berg'n av., Jer. City(9) Hotwet, Henry A., 4 Clifton ter., Weeh'k'n (9) Jacques, J. Eugenia, 74 Waverly st., Jer.City(9) Jaffin, Abraham E., 483 Jersey av., Jer. City (9) Jacquith, Walter J., Chatham, New Jersey (9) Jones, J. Morgan, 2800 Boulev'd, Jer. City (9) Justin, A.W., 548 Humboldt st., Town of Union (9 Justin, J. C., 784 Bergenline av., W.New York (9 Kaiser, J. Jay, 518 Hudson st., Hobeken (9) Kcegan, Thos. J., 156 Clinton av., Jer. City (9) Kelly, Chas. B., 85 Bowers st., Jersey City (9) King, Geo. W., 239½ Second st., Jer. City (9) Koppel, Joseph A., 122 Mercer st., Jer. City (9) Koppel, Leo. A., 125 Palisade av., Jer. City (9) Kudlich, Wm. L., 408 Hudson st., Hoboken (9) Kuehne, Rich'd, 1118 Summit av., Jer. City (9) Kyte, Calvin F., 77 Garrison av., Jer. City (9) Lambert, Fred'k E., 157 Ocean av., Jer. City(9) Lampson, Mortimer, Mountain Lakes, N. J. (9) Larkey, Chas. J., 44 W. 22d st., Bayonnc (9) Leining, Albert, 17 Fourth st., W. Hoboken (9) Lemmerz, Theo. H.,141 M'gn'lia av..Jer. City(9) Lewis, Livingston L.,712Wash'tonst.,H'b'k'n(9) Limeburner, Ch. A., 74 Danf'th av., Jer. City (9) Lindenbaum, Henry, 722 Gard'n st., Hoboken (9) Luippold, Eugene J.,326 3d st., T'n of Union (9) Lupin, Edw. E., 39 W. 22d st., Bayonne (9) MacMillan, J. W., 313 Webster av., Jcr. City (9) McDede, J. Searle, 215 Ege av., Jer. City (9) McGiverin. Edward, 90 Bowers st., Jer. City (9) McLaughlin, Geo. E., 41 Cresc't av., Jer. City (9) McLaughlin, Thos. J., 558 Jersey av., Jer. City (9) McLean, John J., 92 Fairview av., Jer. City (9) McNamara, Thos. C., 613 Hudson st., H'b'k'n (9) McNenney, Claud E., 116 Mercer st., Jer. City (9) Magner, Jos. P., 531 Broadway, Bayonne (9) Mallalieu, Frank W.,16 M'cello av., Jer. City(9) Maras, Peter, 80 Tonncle av., Jersey City (9) Marks, Edw. G., 655 Kearny av., Arlington (9) Matthews, Wm. J., 1009 Garden st., Hoboken (9) Maver, Wm. W., 94 Bidwell av., Jer. City (9) Mead, Walter G., 585 Kearny av., Arlington(9) Mendelshon, Lewis, 272 M'tgomery st., J.City (9 Mersheimer, Chr't.H., 258 P'lis'de av., Jer. C'y(9) Meury, Theo. J. B., 68 Boerum av., Jer. City(9) Meyer, Wm., 446 Clinton av., W. Hoboken (9) Miner, Donald, 349 Bergen av., Jersey City (9) Mooney, John J., 554 Jersey av., Jersey City (9) Morley, Grace C., 1302 Garden st., Hoboken (9) Mueller, Geo. H., 266 Summit av., Jer. City (9) Mulvaney, Edward, 489 Jersey av., Jer. City(9) Muttart, Geo. W., 702 Ocean av. Jer. City (9) Nalitt, David I., 22 E. 22d st., Bayonne (9) Nay, Ch. L., 164 Palisade av., Jersey City (9)

Nelson, Aaron, 105 Grand st., Jersey City (9) Nevin, John, 2945 Boulevard, Jersey City (9) Nevin, Jos. A. 158 Bowers st., Jersey City (9) Niemeyer, Chas. V.. 130 4th st., Hoboken (9) Nuse, Edw. F., 550 1/2 Jersey av., Jersey City(9) O'Connor, James F. 286 Ch'stn't st., Kearny (9) Oestman, Aug.W., 939 Summit av., Jer. City (9) O'Gorman, M. Win., 38 Erie st., Jersey City(9) Older, Benj., 520 Clinton av., W. Hoboken (9) Olpp, Arch. E., 225 Palisade av., W.H'b'k'n(9) Opdyke, Chas. P., 263 Hud. Boul'v'd, Jer. City(9) Opdyke, Levings A., 55 Clinton av., Jer. City(9) Pagannelli, T. Rich., 730 Bl'mf'ldst., H'b'ken(9) Patton, J. Allen, Prudential Ins. Co., New'k(9) Pellerin, John, 435 Clinton av., W. Hoboken (9) Perlberg, Harry J., 170 Weyman pl., Jer. City (9) Petersen, C. A., 330 Garden st., Hoboken (9) Pezzi, Luigi, 280 Fourth st., Jersey City (9) Pindar, David B., 201 Garden st., H'b'ken (9) Pindar, Fred S., 767 Bergenline av., W. N. Y. (9) Pindar, Wm. A., Woodcliff (9) Pinkerton, W. A., 325 Ave. C., Bayonne (9) Piskorski, Abdon V., 604 Jersey av., Jer. City(9) Pollak, Berth. S., 241 Grove st., Jersey City(9) Poole, Louis E., 521 Palisade av., W. H'b'ken (9) Purdy, Charles H., 120 Sipp av., Jer. City (9) Putnam, Chas. E., 64 Sipp av., Jersey City(9) Pyle, Inmanuel, 56 Montic'lo av., Jersey City (9) Pyle, Wallace, 612 Bergen av., Jersey City (9) Pyle, Wm. L., 678 Bergen av., Jersey City (9) Rector, Joseph M., 307 York st., Jersey City(9) Reich, Seig. A., 959 Summit av., Jer. City (9) Reid, John W., 1 Kearny av., Kearny (9) Riha, Wm. W., 25 W. 26th st., Bayonne (9) Roberts, E.W., 760 Palisade av., Town of Union (9) Rosenberg, Jacob, 114a Mercer st., Jer. City (9) Rosenstein, Jacob L., 135 Wayne st., Jer. City (9) Rosenkrans, Jas. H., 826 Hudson st., H'ken (9) Rowe, Norman L., 828 Grand st., Jersey City (9) Rue, Henry B., 931 Bloomfield st., Hoboken (9) Rundlett, Emilie V., 79 Prospect st., Jer. City (9) Sacco, Anth. 440 Clinton av., W. Hoboken (9) Schlemm, Rich.,116 P'ls'de av.,To'n of Union (9) Schuck, Traugott J., 1020 Hudson st., H'b'k'n(9) Shapiro, Maurice, 44 W. 23d st., Bayonne (9) Shera, Geo. W., 44 Gifford av., Jersey City (9) Sherwood, Frank D., 554 Summit av., J. City(9) Short, Francis J., 670 Jersey av., Jer. City (9) Shields, Ida R., 594 Kcarny av., Arlington (9) Spath, Geo. B., 1106 Bl'mfield st., Hoboken (9) Spaulding, Henry J., 512 Fulton st., W'h'ken (9) Sprague, Seth B., 301 York st., Jersey City (9) Squire, Marcus F., 234 Harrison av., Har'son (9) Stanley, Percy, 12 Beach st. Arlington (9) Steadman, Evan T.,,635 Wash'ton st.,Hoboken (9 Stellwagen, F. D., 28 Clifton pl., Weeh'en (9) Stevens, Pliney F., 853 Avenue C, Bayonne (9) Strasser, Aug'ts A., 115 Beach st., Arlington(9) Street, Daniel B., 27 Woodlawn av., Jer. City(9) Stout, Philip, 776 Ocean st., Jer. City (9) Sullivan, Geo. F., 512 Hudson st., Hoboken (9) Sulouff, S. Henry, 70 Magnolia av., Jer. City(9) Sullivan, Jas. A., 649 Jersey av., Jersey City(9) Sullivan, Marga't N., 251 Baldwin av., JerCity(9) Sweeney, Wm. J., 145 5th st., Town of Union (9) Swiney, Merrill A., 283 Ave. C., Bayonne (9) Thomas, Ralph B., 149 Bostwick av., J. City (9) Thum, Ernest, 819 Ave. C., Bayonne (9) Updyke, Fannie B., 60 Fourth st., Weeh'ken(9) Urevitz, Abra'm, 446 Clinton av., W. H'b'ken (9) Valentine, Ed. J. G.,559 Summit av., Jer. City (9) VanDeesten, Harry T.,619 Gard'n st.,H'b'k'n(9) Vreeland, Clarence L., 100 Danforth av., J.C'y (9 Vreeland, Hamilton, 78 Summit av., Jer. City (9)

HUDSON COUNTY.—Continued.

Vreeland, Wm. N. 566 Bergen av., Jer. City (9) Wainwright, John M. B., 315 Varickst., J. City (9) Watson, Wm. P., 812 M'tgomery st., Jer. City(9) Weiss, M. J., 734 Ave. C., Bayonne (9)
White, Geo. D., 311 Union st., Jer. City (9) White, Hugh M., 881 Summit av., Jer. City (9) Wilkinson, Geo., 542 Bergen av., Jer. City (9) Wilkinson, Walter, 546 Bergen av., Jer. City (9) Willis, John, 609 Pavonia av., Jersey City (9)

Winter, D. T., Jr., 90 Duncan av., Jer. City (9) Woelfle, Henry E., 907 Summit av., Jer. City(9) Wolff, Ferd. C., 1136 Garden st., Hoboken (9) Wolfson, Joseph, 119 Mercer st., Jer. City (9) Woodruff, Stan. R., 22 W. 22d st., Bayonne (9)

Number of members and basis of representation, 253.

HUNTERDON COUNTY.

Society organized June 12th, 1881. Meets fourth Tuesday in April and October. Annual meeting, October.

President.

Harman, Harry M., Frenchtown (10) First Vice-President. Coleman, Austin H., Clinton (10) Second Vice-President.

Gary, Oscar D., Ringoes (10)

Secretary.

Sproul, Obadiah H., Flemington (10) Treasurcr.

Closson, Edward W., Lambertville (10)

Reporter.

Leaver, Morris H., Quakertown (10)

Censors.

Romine, George L., Lambertville (10) Best, George N., Rosemont (10) Salmon, Leon T., Lambertville (10)

Allen, Edgar, Lafayette (10) Apgar, Francis A., New Germantown (10) Betts, James A., Bloomsbury (10) Boyer, Charles G., Annandale (10)

Chamberlain, John B., Sergeantsville (10) Clark, Frank, White House Station (10) Decker, Frederick H., Frenchtown (10) Dunham, Henry B., Glen Gardner (10) English, Samuel B., Glen Gardner (10) Fulper, Theodore B., Hampton (10) Grim, Francis S., Baptisttown (10) Heil, A. Arting, Frenchtown (10) Henry, George, Flemington (10) Johnson, Frederick L., Stanton (10) Rufe, J. J., High Bridge (10) Thomas, Floyd A., Flemington (10) Tomkins, Grenclle B., Flemington (10) Topkins, Isidore, Califon (10) Williams, Louis C., Lambertville (10) Young, Peter C., Ringoes (10)

Honorary Members.

Sommer, George N. J. Trenton (10) Wolverton, W. D., U. S. A. Ret., Quak'rto'n(10) Ward, John W., Pennington (10)

Number of members and basis of representation, 29.

MERCER COUNTY.

Society organized May 23d, 1848. Meets first Tuesday in each month, except July and August. Annual meeting, December.

President

Taylor, Walter A., 68 Prospect st., Trenton (11)

Vice-President.

Bellis, Horace D., 802 E. State st., Trenton (11)

Secretary.

Funkhouser, Edgar B., St. Hosp., Trenton (11)

Treasurer.

Shepherd, Irenaeus M., 188 Br'd st., 'Tr'nt'n(11)

Reporter.

Sicca, Samuel 309 S. Clinton av., Trenton (11)

Ackley, David B., 878 E. State st., Trenton(11) Adams, Chas. F., 52 W. State st., Trenton (11) Applegate, Ed.Y.R.,1125Gr'nw'dav.,Trenton(11) Barwis, Elmer, 211 Hamilton av., Trenton (11) Beatty, Henry H., 50 Centre st., Trenton (11) Blackwell, Enoch, 38 W. State st., Trenton (11) Clark, William A., 51 W. State st., Trenton(11) Collier, William S., 723 S. Br'd st., Trenton(11) Cornell, VanAlstyne H.,41W.Statest., Tr'nt'n(11) Cort, Paul L., 144 W. State st., Trenton (11) Costill, Henry B., 21 N. Clinton av., Trenton (11) Cotton, Henry A., N. J. State Hos., Trenton (11) Craythorn, Ch. J., 302 W. State st., Trenton (11) Fee, Elam K., Lawrenceville (11) Felty, John C., P. O. Box 258 Trenton, (11) Franklin, Charles M., Hightstown (11) Franklin, George H., Hightstown (11) Hall, William J., 438 E. State st., Trenton (11) Harmon, Wm. J., 1162 E. State st., Trenton(11) Hawke, Edw. S., 124 E. Hanov. st., Trenton(11) Holcombe, Ch. H., 46 W. State st., Trenton (11)

Hutchinson, A. Dunbar, 419Chestnut, Trent'n (11 Kent, Morton M.,231 N.Warren st., Trent'n(11)

Kirkpatrick, Murray B.,925S.Clint'n, Trent'n(11 Koplin, N. H., 505 S.Warren st., Trenton (11)

Lalor, Wm. S., 220 N. Warren st., Trenton(11) Madden, Walter, 324 S Broad st., Trenton(11)

McGuire, Jas. J., 122 W. State st., Trenton(11) Mackenzie, Thos. H., 528 E.State st., Trent'n(11)

McFarland, Burr W.,584 W.Statest., Trent'n (11)

MacLaren, William S., Princeton (11) Mitchell, Ch. H., 110 Centre st., Trenton(11)

Moore, Geo. R., 259 Hamilton av., Trenton(11)

North, Harry R., 284 Hamilton av., Trent'n(11) Norton, Horace G., 429 E. State st., Trent'n (11)

Oliphant, Nelson B., 152 W.State st., Trent'n(11 Pantaleone, Refael 504 Hamilt'n av., Trent'n (11

Parker, Geo. H., 420 E. State st., Trenton (11)

Pierson, Theodore A., Hopcwell (11) Reddan, Martin W., 114W.State st., Trenton (11)

Rogers, Lawrence, 438 E. State st., Trent'n (11) Seammell, Frank G., 40 S.Clint'n av., Tr'nt'n(11

Scarlett, Rufus B., 202 E.H'nover st., Tr'nt'n (11) Schoening Gust've A., 40 S.Clin. av., Trenton (11

Seeds, John B., 491 Centre st., Trenton (11) Shaw, Jos. B., 119 S. Warren st., Trenton (11) Sommer, Geo. N. J.,120 W. State st., Trent'n (11)

Titus, George E., Hightstown (11)
Turner, Irvine F. P., 413E.State st., Trenton (11)
Waters, Ch. H., 50 W.Hanover st., Trenton (11)
Wells, Jos. M., 922 Edgewood av., Trenton (11)

MERCER COUNTY—Continued.

West, Edgar L., 274 Hamilton av., Trenton (11) Williams, Harry D., Box 258, Trenton (11) Yazujian, Dikran M.,683Stuyv't av.,Trenton(11) Zandt, Frederick B., Hamilton Square (11)

Honorary Members.

Allen, Charles L., Redlands, California (11)

Armstrong, Alexander, White Haven, Pa. (11) Ward, John W., Pennington (11) Warman, David, 239 Chestnut av., Trenton (11) Young, Joseph K., 222 S. 16th, Phila., Pa. (11)

Number of members and basis of representation, 60.

Lippincott, Lansing Y.,Highl'd av.,M't'chen(12)

MIDDLESEX COUNTY.

Meets third Wednesday in January, April, July and October. Annual meeting, October. Society organized June 16th, 1816.

President.

Meinzer, Martin S., 284 Madis'n av., P. A'boy (12)

Vice-President.

Donohue, Frank M., 139Alb'nyst., N. Bruns'k (12)

Secretary.

Brown, Fred'k L.,67 Liv'st'n av., N. Bruns'k(12)

Treasurer.

English, David C., 389 George st., N.Bruns'k(12) Reporter.

Gruessner, Anthony, Alb'ny st., N. Bruns'k (12)

Albright, John C., 194 Broad'y, S. Amboy(12) Bissett, John J.,1130 Hil'd av., Coraopolis, Pa. (12 Carroll, Edgar, Main st., Dayton (12) Clark, A. Schuyler, 38 E. 47th, N. York (12) Condon, Wm. J., 50 Liv'gst'n av., N. Bruns'k(12) Dunn, James C., Franklin Park (12) Ellis, Alfred L., Sanatorium, Metuchen (12) Faulkingham, R.J.,222 Handy st., N. Bruns'k (12) Fithian, Geo. W., 266 High st., P. Amboy (12) Forney, Norman N., Main st., Milltown (12) Gross, Herman, Main st., Metuchen (12) Gutmann, Benj.,418 George st., N. Bruns'k (12) Hanson, Edw. K., Madison Bldg., P. Amboy (12) Hay, Joseph S., 255 High st., P. Amboy (12) Henry, Frank C., 256 State st., P. Amboy (12) Hofer, Clarence A., Main st., Metuchen (12) Hoffman, Florentine M., 91 Bayard st., N. B'k (12) Howley, Barth.M., 421 George st., N. Bruns'k (12) Hunt, A. Clark, Holly st., Metuchen (12)

Longbothum, Geo. W., Dunellen (12) Lund, John L., 267 High st., P. Amboy (12) McCormick, W.H.J., St'te&C'nt'ests., P.A'b'y(12) McDowall, John L., 113 Marketst.,P.Amboy(12) Meacham, Eug. A., Stevens av., So. Amboy(12) Merrill, Chas. F., Highl'd P'k, N. Bruns'k(12) Morrison, Dan. L.,1 Elm row,N. Brunswick(12) Naulty, Chas.W.,Jr.,403 High st., P. Amboy(12) Platt, Thos. H., Jr., Dunellen (12) Ramsay, Wm. E., 380 High st., P. Amboy (12) Riva, Ferd. E., Riva av., Milltown (12) Runyon, Laur.P., 422 George st., N. Brunsc'k (12) Saulsberry, Chas. C.,75 Liv'gst'n, N. Bruns'k(12 Schureman, Jas.P.,92 Bayard st., N.Bruns'k (12) Scott. Fred'k W., 74 Bayard st., New Bruns'k (12 Shull, J. Virgil, Perth Amboy (12) Siegel, Isadore, 143 Smith st., Perth Amboy (12) Silk, Charles 1., 400 state st., Perth Amboy (12) Smith, Arth. L., 62 Bayard st., New Bruns'k (12) Sophian. Abraham N., New Brunswick (12) Spencer, Ira T., Main st., Woodbridge (12) Sullivan, Chas. J., 47 Bayard st., N.Bruns'k(12) Suydam, John L, Church st., Jamesburg (12) Tyrrell, Geo. W., 38 State st., Perth Amboy(12) Voorhees, How'dC.,43 Bayardst.,N.Bruns'k(12)

Woods, A. Lincoln, Main st., South River (12) Honorary Members.

Weber, J. Francis, South Amboy (12) Wilson, John G., 280 High st., P. Amboy (12)

Cooke, Henry G., New Brunswick (12)

Number of members and basis of representation, 54.

MONMOUTH COUNTY.

Meets second Tuesday after second Monday in June and December Annual meeting, December. Society organized June 1st, 1815.

President.

Illes, Bela G.,155 Bayard st., N. Bruns'k (12)

Beach, Edward M., West Long Branch (13)

Vice-President.

Roberts, D., Edgar, Keyport (13)

Secretary,

Wise, Lester D., Long Branch (13)

Treasurer.

Robinson, William Arthur, Ocean Grove (13)

Reporter.

Failing, Brayton, E., Atlantic Highlands (13)

Censors.

Campbell, William K., chm., Long Branch (13) Beveridge, William W., Asbury Park (13) Brown, Harvey Simpler, Freehold (13)

Applegate, Asher T., Englishtown (13) Anderson, William Edgar, Englishtown (13) Bennett, Reginald S., Asbury Park (13) Crater, Ellis W., Ocean Port (13) Field, Edwin, Red Bank (13)

Hendrickson, Daniel D., Middletown (13) Hendrickson, Henry A., Atl. Highlands (13) Hepburn, William M., Freehold (13) Ingling, Harry W., Freehold (13) Knecht, Cyrus, Matawan (13) Knight, Samuel R., Spring Lake (13) Long, Isaac S., Freehold (13) Mitchell, Henry, Asbury Park (13) Nichols, Stanley H., Long Branch (13) Partree, Homer T., Eatontown (13) Rafferty, Peter J., Red Bank (13) Reed, James J., Seabright (13) Roulman, Walter D., Red Bank (13) Rowland, James J., Highlands (13) Scott, Elmer A., Asbury Park (13) Shaw, Harry E., Long Branch (13) Slocum, Harry B., Long Branch (13) Taylor, John, Asbury Park (13) Trout, William W., Spring Lake (13) Upham, Helen F., Asbury Park (13) Wagner, Earl C., Asbury Park (13) Warner, G. V. V., Fair Haven (13) Warner, William B., Red Bank (13)

Wilbur, George F., Asbury Park (13)

MONMOUTH COUNTY-Continued.

Williams, George S., Farmingdale (13) Wilson, Robert B., Red Bank (13)

Honorary Members.

Disbrow, Vanderhoef M., Lakewood (13)

Welch, George T., Passaic (13) Weolley, Scudder J., New York City (13) Cooke, Henry G., New Brunswick (13)

Number of members and basis of representation, 39.

MORRIS COUNTY.

Society organized in 1815. Reorganized in 1873. Meets second Tuesday in March, June, September and December, Annual meeting, September

President.

Knowles, Frederick E., Boonton (14)

Vice-President.

Henriques, Henry A., Morristown (14)

Secretary.

Kice, Henry W., Wharton (14)

Treasurer.

Douglas, James, Morristown (14)

Reporter.

Fisher, E. Moore, Greystone Park (14)

Ackerman, Edward, Dover (14) Adsit, Noble H., Succasunna (14) Baker, Aug. L. L., Dover (14) Barnes, Wm. Mitchell, Madison (14) Bebout, Theodore W., Stirling (14) Becker, Gustav A., Morristown (14) Brewster, Guy Otis, Dover (14) Carpenter, Abram E., Boonton (14) Clark, Emma C., Dover (11) Condict, Arthur W., Dover (14) Cook, Richard L., Dover (14) Cooper, Edward P., Parsippany (14) Cestello, William Francis, Dover (14) Coultas, Aldo B., Madison (14) Curry, Marcus A., Greystone Park (14) Day, Harris, Chester (14) Dean, Elvira Dudley, Morristown (14) Dean, Jennie A., Morristown (14) DeGroot, George S., Mendham (14) Evans, Britton D., Greystone Park (14) Farrow, J. Willard, Dover (14) Flagge, Frederick W., Rockaway (14) Foster, George H. Rockaway (14) Glazebrook, Francis H., Morristown (14) Gordon, Charles D., Mt. Arlington (14) Griswold, James B., Morristown (14) Gorton, Eliot, Summit (14) Hampton, George R., Greystone Park (14)

Haven, Samuel C., Morristown (14) Herschell, Louis K., Greystone Park (14) Horn, James Francis, Morris Plains (14) James, William, German Valley (14) Johnson, George L., Morristown (14) Kraus, F. Irwin, Chatham (14) Lathrope, George H., Morristown (14) Lewis, Alfred A., Morristown (14)
Massinger, C. J., Butler (14)
McCormack, William G., Whippany (14) McGrath, Katherine, Stirling (14) McMurtrie, William A., Mendham (14) Mial, Leonidas L., Morristown (14) Mikels, Frank M., Greystone Park (14) Mills, Clifford, Morristown (14) Owen ,Fred Wooster, Morristown (14) Peck, Ellery Newell, Boonton (14) Phillips, Lorenzo B., German Valley (14) Plume, Clarence A., Succasunna (14) Prager, Bert A., Chatham (14) Ryerson, John G., Boonton (14) Schmitz, Mathias, Denville (14) Scott, Mark E., Morristown (14) Summers, William J., Boonton (14) Sutphen, E. Blair, Morristown (14) Taylor, John L., California (14) Vaughan, Harry, Morristown (14) Walters, John, Wharton (14) Wigg, Cuthbert, Boonton (14) Wilkinson, George W. V., Morristown (14) Welfe, William J., Chatham (14)

Honorary Members.

Cossitt, H. A., New York (14) Harris, P. A., Paterson (14)

Associate Members.

Bishop, Louis F., New York (14) Emerson, Linn, East Orange (14) Prout, Thomas P., New York (14)

Number of members and basis of representation, 64.

OCEAN COUNTY.

Society organized October 28th, 1903. Meets in May and November at convenience of members.

Annual meeting, November.

President.

Lawrence, George W., Lakewood (15)

Vice-President.

Lewis, Stewart, Lakehurst (15)

Secretary.

Schauffler, William Gray, Lakewood (15)

Treasurer.

Hance, Irwin Howell, Lakewood (15)

Reporter.

Jones, Ralph R., Toms River (15) Brouwer, Frank, Toms River (15)

Bunnell, F. N., Barnegat (15) Carrigan, Eugene S., Point Pleasant (15) Chard, Marie L., Lakewood (15) Disbrow, Vanderhoef M., Lakewood (15) Herbener, Eugene Garfield, Lakewood (15)

Lindley, Charles L., Lakewood (15) Thompson, Otto C., Lakewood (15)

Number of members and basis of representation, 13.

PASSAIC COUNTY.

Society organized January 14th, 1844. Meets second Tuesday in Annual meeting, May. in each month, except June, July and August.

President.

McCoy, John C., 292 Broadway, Paterson (16)

Vice-President.

Rogers, Benjamin H., 213 B'way, Paterson (16

Secretary.

Mitchell, Chas. R., 21 Church st., Paterson (16)

Treasurer.

Murn, Charles J., 48 Smith st., Paterson (16)

Reporter.

Clay, Thomas A., 353 Totowa av., Pat'son (16)

Censors.

Curts, Robt. M., 641 E. 18th st., Paterson (16)

Flitcroft, William, 510 River st., Paterson(16) Scribner, Chas. H., 82 Ward st., Paterson (16)

Alexander, Arch. F., 379 Union, Paterson (16)

Armstrong, Robt.R.,140 Lex'tonav., Passaic (16)

Atkinson, James W., 27 Church, Paterson (16)

Balleray, George H., 115 B'way, Paterson (16) Becker, Leo V., 81 Ward st., Paterson (16)

Bender, Theo. T., 127 Hamb'g av., Paterson (16) Bergin, Joseph V., 309 B'way, Paterson (16) Beska, Victor G., 21 Second st., Passaic (16)

Blundell, William, 160 B'way, Paterson (16)

Bonynge, H. A., 97 Prospect st., Ridgew'd(16)

Brevoort, Henry H., Lodi (16)

Briody, James F., 385 Main st., Paterson (16) Browne, J. Alex., 364 Van Hout'n, Pat'son (16)

Bullen, Victor S., 148 Hamilt'n av., Pat'son(16)

Campbell, Charles M., 642 Main, Pat'son(16) Carroll, Wm. H., 154 Lex'ton av., Passaic (16)

Caverly, Fred S., 154 Passaic st., Passaic (16)

Chase, William Earl, 187 Main av., Passaic (16)

Cogan, Henry, 81 Bridge st., Paterson (16)

Colfox, Wm. S., Pompton Lakes (16) Coen, Lawrence, 36 Passaic av., Clifton (16)

Cotton, N. T., 219 Graham av., Paterson (16) Cox, Rowland, Jr., 287 B'way, Paterson (16) Crounse, David R., 84 Bloomfield, Passaic (16)

Davenport, George S., Garfield (16)

DeJager, Simon 83 Bridge st., Paterson (16) Demarest, F'd'k F.C.,29 Ac'd'my st., Passaic (16

Denton, Peter P., 951 Madison av., Paterson (16

Dingman, Thos. A., 215 B'way, Paterson (16)

Donohue, Frank B., 389 Main st., Paterson (16

Drews, Hugo, 145 Lexington av., Paterson (16)

Duncan, Owsley B., 218 Br'dway, Paterson (16

Dunning, Walt. L., 533 River st., Paterson (16)

Dwyer, Win. A., 123 Park av., Paterson (16)

Drake, Daniel E., Newfoundland (16) Feigenoff, Israel, 78 Hamilton av., Paterson(16)

Flood, G. Balleray, 279 B'way, Paterson (16) Gillson, John T., 391 Main st., Paterson (16)

Glasgow, Thomas, 179 Jefferson st., Passaic(16

Golding, Harry N., 10 Church st., Paterson (16)

Gordon, Osher, 114 Prospect st., Passaic (16)

Graham, A. F., 54 Park av., Paterson (16)

Greengrass, Jacob J.117 Patersonst., Paterson (16

Gutherson, Wm. F., Hamilton Apt., Paterson (16

Hagen, Orville, R., 306 B'way, Paterson (16) Harreys, Chas. W., Ridgewood (16)

Harris, Philander A., 26 Church Paterson (16) Henion, E. Lucas, 16 Church st., Paterson (16)

Holmes, T. J. E., 79 Hamilton av., Paterson(16)

Ives, Edward I., Little Falls (16) Jacob, William H., 99 N. Main, Paterson (16)

Johnson, Walter B., 170 B'way, Paterson (16) Joyce, Leo. H., 259 Madison st., Passaic (16)

Kane, Chas. J.,307 Van Houten st., Paterson (16 Kane, Thomas J., 349 Grand st., Paterson (16)

Keating Ch. A., 184 Ellison st., Paterson (16)

Keating, Walt F., Wyckoff (16)

Keller, Frank J., 379 Totowa av., Paterson (16)

Kip, Henry, 90 Fair st., Paterson (16)

Koch, Geo. J. P., 144 Carroll st., Paterson (16)

LeVine, Israel, 215 Broadway, Paterson (16)

Lucas, Henry H., 192 Van Houten, Paterson (16)

Luck, Paul M. K., 171 Monroe st., Paterson (16) MacAlister, Wm.W., 333 V. Houten, Paterson (16

Machlin, Abram., 211 Lexinton av., Passaic (16)

Mackintosh, M. Alex., 237 B'way, Paterson (16)

Maclay, Joseph A., 239 B'way, Paterson (16)

Magennis, Bryan C.,231 B'way,Paterson (16) Marsh, Elias J., 24 Church st., Paterson (16)

McBride, Andrew F., 397 Main st., Pat'son(16)

McDedc, Frank, 908 Main st., Paterson (16)

Meloney, Lester Foye, 156 2d st., Clifton (16) Mendelsohn, D. H., 146 B'way, Paterson (16)

Michela, Luigi S., 193 Straight st., Paterson (16)

Millspaugh, Dan'l T.,45 Totawa av.,Paterson(16

Morrill, James P., 310 Broadway, Paterson (16)

Neer, Frank Y., 121 Fair st., Paterson (16) Neer, Rush, 217 Broadway, Paterson (16)

Neer, William, 243 Broadway, Paterson (16)

Norval, William A.,419 Main st., Paterson (16)

O'Donnell, James, 82 Ward st., Paterson (16) O'Grady, Thos. F.,374 Grand st., Paterson (16)

Oram, Joseph H., 495 Broadway, Paterson (16)

Pal, Darbari R., 863 Main st., Paterson (16)

Parke, Henry 9 Church st., Paterson (16)

Paxton, John P., 560 E. 28th st., Paterson (16)

Putaturo, Nicola, 208 Market st., Paterson (16)

Rauschenbach, P. E., 141 B'way, Paterson (16)

Ritter, John I., 16 Smith st., Paterson (16) Roemer, Jacob, 82 Fair st., Paterson (16)

Russell, Chas. B., 119 Hamilton av., Paterson (16

Ryan, John N., 158 Lexington av., Passaic (16)

Sandt, Frank R., 466 Park av., Paterson (16)

Spickers, William, 6 Church st., Paterson (16)

Stewart, Jas. M., 181 Van Houten, Paterson (16)

Stinson, Richard, 158 Broadway, Paterson (16)

Sullivan, John J., 51 Passaic av., Passaic (16)

Surnamer, Isaac, 89 Bridge st., Paterson (16) Tattersal, Jos., 1042 Main st., Paterson (16)

Temple, Arthur H., 164 Jefferson st., Passeaic (16

Terhune, Percy H.,162 Gregory st., Passaic (16)

Todd, Francis H.,83 Auburn st., Paterson (16)

Tuers, George E., 18 Church st., Paterson (16) Udinsky, Hyman J., 150 2d st., Passaic (16)

Utter, Sylvester, 18 Church st., Paterson (16)

Vanderbeek, Andrew B.,174 B'way, Paterson (16

Van Eerde, Alfred H., Hawthorne (16) Van Riper, A. Ward, 207 Main av., Passaic (16)

Van Riper, Cornelius, 207 Main av., Passaic(16

Van Schott, Ger'ld J., Jr., 125Lex'n av., P's'aic (16

Van Vranken, Gilbert, 155 High st., Passaic (16)

Veenstra, William, 77 Fair st., Paterson (16)

Vigna, Fortunato, 35 Ward st., Paterson (16)

Walton, Gordon G.,182 Ellison st., Paterson (16

Ward, Albert H., 404 Totowa av., Paterson (16) Was, Francois J.T.,60 E.16th st., Paterson (16)

Welch, George T.,110 Passaic av., Passaic (16)

Whalen, Wm. J., 387 Main st., Paterson (16) Williams, Hiram, 154 Monroe st., Passaic (16) Winters, Walt. M.,189 Graham av., Paterson(16

Number of menmers and basis of representa-

Yates, John S., 286 Broadway, Paterson (16) Young, Warren H., Little Falls (16)

tion, 130.

SALEM COUNTY.

Society organized May 4th, 1880. Meets first Wednesday in February, May and October. Annual meeting, October.

President.

Carpenter, William H., Salem (17)

Vice-President.

Davis, Richard M. A., Salem (17)

Secretary, Treasurer and Reporter.

Smith, John F., Salem (17)

Censors.

Davis, Riehard M. A., Salem (17) James, William H., Pennsville (17)

Bassett, Norman H., Salem (17)

Bilderbaeh, Francis, Salem (17)

Conover, J. V., Elmer (17)

DeGrofft, Eugene E., Woodstown (17)

Wadding

Numb

Ewen, Warren L., Alloway (17)
Fitch, George W. H., Daretown (17)
Good, William T., Alloway (17)
Harris, Frank B., Canton (17)
Hilliard, William T., Salem (17)
Hires, Nathaniel S., Salem (17)
Hummel, Lester H., Salem (17)
Husted, Joseph M., Woodstown (17)
Johnston, Henry T., Pedricktown (17)
Sherron, Clifford M., Salem (17)
Summerill, John Morris, Pennsgrove (17)
Thomas, C. W., Woodstown (17)
Waddington, Benjamin A., Salem (17)

Number of members and basis of representation, 21.

SOMERSET COUNTY.

Society organized May, 1816. Meets second Thursday in February, April, June, October and December.

Annual meeting, October.

President.

Weeks, David S., Skillman (18)

Vice-President.

Flynn, Thomas H., Somerville (18)

Secretary.

Ely, Laneelot, Somerville (18)

Treasurer.

Dundon, Arthur H., North Plainfield (18)

Reporter.

Buehanan, J. Hervey, North Plainfield (18)

Censors.

Halsted, Charles F., Somerville (18) Hughes, Frederick J., North Plainfield (18) Kaucher, Howard L., Bound Brook (18)

Anderson, John E., Neshanie (18) Beekman, John B., Bedminster (18) Cooper, J. Howard, East Millstone (18) Davis, Henry V., North Branch (18) Fisher, Claudius R. P., Bound Brook (18) Graff, Effie R., Somerville (18)
Hegeman, Runkle F., Somerville (18)
Jones, Fred C., Basking Ridge (18)
Lawton, Anderson A., Somerville (18)
Long, William H., Jr., Somerville (18)
MeGill, Peter, Bound Brook (18)
MeWilliams, John F., Somerville (18)
Melgh, Josiah, Bernardsville (18)
*Merrill, William H., Somerville (18)
Smalley, Mahlon C. Gladstone (18)
Stillwell, Aaron L., Somerville (18)
Taylor, Sewell O. B., Somerville (18)
Wild, Frederick A., Bound Brook (18)
Zeglio, Peter J., North Plainfield (18)

Honorary Member.

Ward, John W., Trenton (18)

Associate Member.

Voorhees, E. R., M. D. C., Somerville (18)

Number of members and basis of representation, 27.

*Deeeased.

SUSSEX COUNTY.

Society organized August 22d, 1829. Annual meeting third Tuesday in October. Other meetings at convenience of members.

President.

Pooley, Thomas R., Jr., Newton (19)

Vice-President.

Harp, Henry J., Sussex (19)

Secretary.

Wilbur, Frederick P., Franklin Furnace (19)

Treasurer.

Morrison, Ephraim, Newton (19)

Reporter.

Van Gaasbeek, Harvey D., Sussex (19)

Censors.

Coleman, Joseph G., Hamburg (19) Dunning, Charles M., Franklin Furnace (19) Hood, Bruno, Newton (19)

Ayres, Edward A., Branehville (19)

Beatty, Enos E. B., Newton (19)
Burd, Lewis S., Ogdensburg (19)
Cole, Blaise, Newton (19)
Cole, Martin, Hainesville (19)
Jacob, Albert N., Sparta (19)
Landis, Edwin W., Stillwater (19)
Pellett, Jackson B., Hamburg (19)
Pellett, Thomas L., Hamburg (19)
Riddell, Herbert E., Branchville (19)
Truax, S. L., Unionville, N. Y. (19)
Voorhees, Shepard, Newton (19)

Honorary Members.

Miller, John N., Newton (19) Price, J. Cole, Branchville (19) Pooley, Thomas R., Newton (19)

Number of members and basis of representation, 20.

UNION COUNTY.

Society organized June 7th, 1869. Meets second Wednesday in January, April, June and October.

Annual meeting, October.

President.

Corbusier, Harold D., Plainfield (20)

Vice-President.

Shangle, Milt. A., 1143 E. Jer., Elizabeth (20)

Secretary.

Orton, George Lee, Rahway (20)

Treasurer.

Eaton, Alvin R., Jr., 1157 E.Jer. st., Eliz'b'th (20)

Reporter.

Knauer, George, 16 Third st., Elizabeth (20)

Censors.

Dolan, Thomas E., 250 1st av., Elizabeth (20) Hedges, Ellis W., Plainfield (20) Wilson, N't'nL.,410W'stm'nst'rav., Eliz'beth(20)

Albee, Fred H., Colonia (20) Ard, Frank C., Plainfield (20) Pailey, Fred'k R., 1165 E. Jer., Elizabeth (20) Paker, Raymond D., Summit (20) Panker, Geo. T., 1156 E. Jer. st., Eliz'b'th (20) Boozan, Win. E., 1028 E. Jer. st., Elizabeth (20) Brown, Stanley R., 480 N. Br'dst., Eliz'b'th(20) Buck, Alvan O., 55 Cherry st., Elizabeth (20) Bunting, P.DuBois, 1060E. Jer.st., Eliz'b'th(20) (arman, John H., Plainfield (20) Cladek, Walter E., Rahway (20) Clawson, Marcus L., Plainfield (20) Coles, J. Ackerman, Scotch Plains (20) Conover, John H.P., 1077E. Jer.st., Eliz'b'th (20) Cregar, Peter B., Plainfield (20) Currie, Norman W., Plainfield (20)
Dengler, Henry P., Springfield (20)
DuBois Francis E., N. Plainfield (20)
Endicott, George W., Plainfield (20) Froomes, Leo E., 608 Eliz, av., Eliz'beth (20) Funk, Joseph, 615 Elizabeth av., Elizabeth (20) Galloway, George E., Rahway (20) Gesswein, Carl A., Plainfield (20) Green, James S., 463 N. Br'd st., Elizabeth)20) Grier, Edgar B.,400 W'stm'sterav., Eliz'b'th(20) Griesemer, Z. D., Roselle (20) Guidi, G. M., 632 Third av., Elizabeth (20) Hamil, Robert H., Summit (20) Hanrahan, J. M., 1111 Magnol.av., Eliz'b'th(20) Harrison, Joseph B., Westfield (20) Hedges, Benjamin Van D., Plainfield (20) Higgins, Thos. F.,461 Will'm st., Eliz'b'th(20)

Hoagland, B. W., Woodbridge (20) Hubbard, Harry V.,420 Centr'lav.,Plainfi'ld(20) Keefe, Stephen J., 517 N. Broad, Elizabeth (20) Keeney, Cadwell B., Summit (20) Keppler, Carl R., 2 West 86thst., N. Y. City(20) Kinch, Frederick A., Westfield (20) Krans, Clara DeH., Plainfield (20) Krans, Edward S., Plainfield (20) Laird, George S., Westfield (20) Lamson, William J., Summit (20) Lamy, Anthony W.,132 E. Jer., Elizabeth (20) Lawrence, I. Alfred, 1086 Eliz. av., Eliz'b'th(20) Lawrence, William H., Jr., Summit (20) Livengood, Horace R.,1105E.Jer.,Eliz'b'eth(20) McElhinney, Dennis R., 206 Eliz., Eliz'b'th(20) Montfort, Robert J., 1051 E. Jer., Elizab'th(20) Morris, Watson Budlong, Springfield (20) Mravlag, Victor, 1062 E. Jersey, Elizabeth (20) Munger, Ray T., Fanwood (20) Murray, William H., Plainfield (20) O'Reilly, Henry M., Summit (20) Pettis, Albert, Plainfield (20) Pierson, Henry C., Roselle (20) Pierson, H. Morton, Roselle (20) Potter, H. W., 1162 E. Jer. st., Elizabeth (20) Probasco, Norman H., Plainfield (20) Frout, Thomas P., Summit (20) Quinn, Steph. T., 326Broad st., Elizabeth(20) Randolph, John M., 131 Main, Rahway (20) Reilly, John P., 215 Eliz. av., Elizabeth (20) Robinson, Moe, 1014 E. Grand, Elizabeth (20) Runnels, John A., Plainfield (20) Savoye, R. G., Westfield (20) Schlichter, Chas. H.,1024 E. Jer., Elizabeth (20) Sell, Frederick W., Rahway (20) Shirrefs, Rus. A., 1158 E. Jer. Elizabeth (20) Sinclair, Robert R., Westfield (20) Stein, Emil, 155 2d st., Elizabeth (20) Steinke, Frank, 184 1st st., Elizabeth (20) Stern, Arthur, 218 E. Jersey, Elizabeth (20) Tomlinson, Thomas H., Plainfield (20) Turner, Wm. F., 1071 Julia st., Elizabeth (20) Twedell, F., Summit (20) Vail, James Lindley, Cranford (20)
Van Horn, Alfred F., Plainfield (20)
Wade, Simon F., 444 Morris av., Elizabeth (20)
Wagner, Otto, 1051 Elizabeth, Elizabeth (20) Warnke, Frank H., 310 First, Elizabeth (20) Westcott, Frank W., Fanwood (20)

Number of members and basis of representation, 90.

WARREN COUNTY.

Society organized February 15th, 1826. Annual meeting, first Tuesday in October.

Other meetings at call of president.

President.

Kline, William, Phillipsburg (21)

Vice-President.

McKinstry. Frank P., Washington (21)

Secretary.

Burd, William J., Belvidere (21)

Treasurer.

Cummins, G. Wyckoff, Belvidere (21)

Reporter.

Smith, Charles B., Washington (21)

Moore, Edward H., Asbury (21) Williams, Charles M., Washington (21) McKinstry, Frank P., Washington (21)

Albertson, William C., Belvidere (21) Allen, William C., Blairstown (21) Bossard, Harry B., Harmony (21) Boyer, Chas. Harvey, Riegelsville (21)

WARREN COUNTY .- Continued.

Brasefield, Edgar N. Phillipsburg (21) Curtis, Frank W., Stewartsville (21) Osmun, Louis C., Hackettstown (21) Reese, James M., Phillipsburg (21) Shimer, Floyd A., Phillipsburg (21) Dedrick, Thomas S., Washington (21)

Drake, Francis J., Phillipsburg (21) La Riew, Frederick J., Washington (21) Woodruff, Robert H., Hackettstown (21)

Number of members and basis of representation, 20.

SUMMARY.

Atlantic Bergen Burlington Camden Cape Mav Cumberland Essex Gloucester Hudson	71 45 84 26 31 426 25 253	Monmouth Morris Ocean Passaic Salem Somerset Sussex Union Warren	64 13 130 21 27 20 90
Hunterdon Mercer Middlesex	60	Total	607

Each member is requested to see that his name and postoffice address are correctly given in these lists. Any errors should be immediately reported to the Secretary Med. So. of N. J. It is especially desired to print all of the initials as well as the last name, and in every case the first or middle name should be given in full.

An Alphabetical List of the Members of the Medical Society of New Jersey

Compiled April, 1915

The figures in parentheses refer to County Societies, as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Abraham, Ch. F., 320 Main st., E. Orange (7) Abbott, Henry D., 24 E. 33d st., Bayonne (9) Ackerman, Edward, Dover (14) Ackley, David B., 878 E. State st., Trenton(11) Adams, Chas. F., 52 W. State st., Trenton (11) Adams, John K., 475 Main st., Orange (7) Adams, Sam'l, 2845 Boulevard, Jersey City(9) Adsit, Noble H., Succasunna (14) Albano, Guiseppe, 402 Chester av., Newark (7) Albee, Fred H., Colonia (20) Albee, Gco. C., 219 S. Orange av., Newark (7) Albertson, William C., Belvidere (21) Albright, John C., 194 Broad'y, S. Amboy(12) Alexander, Arch. F., 379 Union, Paterson (16) Alexander, Hugo, 511 Garden st., Hoboken (9) Alexander, Samuel, Park Ridge (2) Alexander, Walter G., 14 Webster Pl., Orange (7) Allen, Edgar, Lafayette (10) Allen, Lida Taylor, 567 Had'n av., Collingsw'd(4) Allen, Ulamer, 235 Ogden av., Jerscy City (9) Allen, William C., Blairstown (21) Allers, Henry, 109 Harrison av., Harrison (9) Alling, Fred'k A., 598 Broad st., Newark (7) Ames, Elmer H., 85 Fairview av., Jer. City (9) Anderson, John E., Neshanic (18) Anderson, William Edgar, Englishtown (13) Andrews, Clarence, 1801 Pac. av., Atl. City(1) Apgar, Francis A., New Germantown (10) Applegate, Asher T., Englishtown (13) Applegate, Ed.Y.R.,1125Gr'nw'dav.,Trenton(11) Ard, Frank C., Plainfield (20) Armstrong, Ed.C.,44 Columbia ter., Weeh'k'n (9) Armstrong, Robt.R.,140 Lex'tonav., Passaic(16) Armstrong, Samuel E., Rutherford (2) Ayres, Edward A., Branchville (19) Ash, Arthur F., 11 1st st., Weehawken (9) Ashcraft, Samuel F., Mullica Hill (8) Asher, Maurice, 19 Court st., Newark (7) Areson, Wm. H., 386 Blvu. av., Up. M'tclair(7) Arlitz, William J., 630 Bl'mfi'd st., Hoboken (9) Atkinson, James W., 27 Church, Paterson (16) Axford, W. Homer, 711 Ave C, Bayonne (9)

Bagg, L. W., 712 Clinton av., Newark (7)
Bailey, Fred'k R., 1165 E. Jer., Elizabeth (20)
Bailey, Wilson G., 511 Walnut st., Camden (4)
Baird, David, Florence (3)
Baker, Aug. L. L., Dover (14)
Baker, Charles F., 47 Walnut st., Newark (7)
Baker, Raymond D., Summit (20)
Baldwin, Sam'l H., 626 Clinton av., Newark (7)
Baldwin, Winifred E., 117 N. 6th st., Newark (6)
Ball, Charles E. A., 153 Valley st., S. Orange(7)
Balleray, George H., 115 B'way, Paterson(16)
Ballinger, Reese, 48 Sherman av. E. Newark (9)
Bangert, Geo. S.,142 N. Walnut st., E.Orange (7)
Banker, Geo. T., 1156 E. Jer. st., Eliz'b'th (20)
Banks, Chas. W. 298 Main st., East Orange (7)

Barbash, Sain'l, 1906 Pacific av., Atl. City (1) Barkhorn, Henry C.,182 Hunt'd'n st., Newark (7) Barnes, Wm. Mitchell, Madison (14) Barrington, Richard C., Mt Holly (3) Bartlett, Clara K., 11 N. N. Car. av., Atl. City(1) Bartone, Frank, 811 M'tgomery st., Jer. City (9) Barwis, Elmer, 211 Hamilton av., Trenton(11) Bassett, Norman H., Salem (17) Bauer, H. W., Palmyra (3) Baumann, John J., 124 Mercer st., Jer City(9) Baumann, Louis, 298 Fourth st., Jer. City (9) Baxter, M. E., 169 Claremont av., Jer. City(9) Beach, Edward M., West Long Branch (13) Beatty, Enos E. B., Newton (19)
Beatty, Henry H., 50 Centre st., Trenton (11)
Bebout, Theodore W., Stirling (14)
Becker, Fred'k W., 478 Clinton av., Newark (7) Becker, Gustav A., Morristown (14) Becket, Geo. C., 346 Spr'd'l av., E. Orange (7) Becker, Leo V., 81 Ward st., Paterson (16) Beekman, John B., Bedminster (18)
Beggs, Wm. F., 17 Fulton st., Newark (7)
Beling, Chris'r C., 109 Clinton av., Newark (7) Bell, J. Finley, Englewood (2) Bellis, Horace D., 802 E. State st., Trenton (11) Belott, Jos. A., 88 Jefferson st., Newark (7) Bender, Theo. T., 127 Hamb'g av., Paterson(16) Benedict, Alfred C., 129 S. O. av., S. Orange (7) Bennett, Chas. D.,167 Clinton av., Newark (7) Bennett, Francis W.,Pa. & Ind.avs.,Atl. City(1) Bennett, John K., Gloucester City (4) Bennett, Reginald S., Asbury Park (13) Benton, Nelson K., 154 Clinton av., Newark (7) Benson, Jas. J., 433 15th st., W. New York (9) Berardinelli, Carmine G., 92 8th av., Newark (7) Bergin, Joseph V., 309 B'way, Paterson (16) Berner, David A., 2817 Pacific av., Atl. City (1) Beska, Victor G., 21 Second st., Passaic (16) Best, George N., Rosemont (10) Betts, James A., Bloomsbury (10) Beveridge, William W., Asbury Park (13) Bew, Richard, 1217 Pacific av., Atl. City (1) Bewley, Lyburn H., 1209 Pac. av., Atl. City (1) Bianchi, Angelo, R., 104 7th av., Newark (7) Bilderbach, Francis, Salem (17) Billingham, W. J., 445 14th st., W. New York (9) Bingham, Arthur W., 299 Main st., E. Orange (7) Birdsall, Clar'ce A., 424 West Side av., Jer. C'y(9) Bissett, John J.,1130 Hil'd av., Coraopolis, Pa. (12 Black, Allan B., Paulsboro (8) Black, Alian B., Paulsboro (8)
Blackburne, George, 111 Park av., Newark (7)
Blackwell, Enoch, 38 W. State st., Trenton (11)
Blake, Duncan W., Sr., Gloucester City (4)
Blanchard, Oliver R., 37 Cl'ton av., Jer. City(9)
Blank, Lewis N., 74 So. 8th st., Newark (7)
Bleick, Theo. E., 340 Waverly av., Newark (7)
Bleick, Wm. D., 526 Clinton av., Newark (7)
Blenckstone, Frederick O. Cradell (2) Blenckstone, Frederick O., Oradell (2) Bleyle Herman C., 15 Walnut st., Newark (7)

Blundell, William, 160 B'way, Paterson(16) Bogardus, Henry J., 427 Bergen av., Jer.City(9) Bonynge, H. A., 97 Prospect st., Ridgew'd(16) Bootay, Fred'k S. 607 Wash'gton av., Belleville (7 Boozan, Wm. E., 1028 E. Jer. st., Elizabeth (20) Borgmeyer, J. G. Louis, 710 Ave C, Bayonne (9) Bossard, Harry B., Harmony (21) Bowman, J. Floyd, 40 Union av., Irvington (7) Bowyer, Frank F., 835 M'tg'm'y st., Jer. City(9) Boyd, William S., Salters Depot, S. C. (9) Boyer, Charles G., Annandale (10) Boyer, Chas. Harvey, Riegelsville (21) Boyle, Thos. P., 2 Governeur st., Newark (7) Boysen, Theophilus H., Egg Harbor City (1) Braddock, Chas. S. Jr., Haddonfield (4) Bradford, Stella S., 76 Church st., Montclair (7) Bradner, Frederick C., Englewood (2) Branner, Wm. S., 239 Garden st., Hoboken (9) Bradshaw, John H., 27 High st., Orange (7) Brady, William, 234 4th st., Weehawken (9) Brancato, S., 325 Fulton st., Town of Union (9) Prasefield, Edgar N. Phillipsburg (21) Bray, Walter S., 210 State st., Camden (4) Brewer, William, Woodbury (8) Brien, William M., 111 Main st., W. Orange(7) Brinkerhoff, Henry H., 101 Fairv'w av., Jer. City (9 Brevoort, Henry H., Lodi (16) Brewster, Guy Otis, Dover (14) Brewster, Margaret P., Grantwood (2) Briody, James F., 385 Main st., Paterson (16) Broadnax, Mary E., 79 Clinton av., Newark (7) Broderick, John J., 355 Pac. av., Jer. City (9) Brooke, William W., 915 Ave. C. Bayonne (9) Broughton, Wm. R., 15 Church, Bloomfield (7) Brouwer, Frank, Toms River (15) Brown, Chester R., 106 Midland av. Arlington (9 Brown, Fred'k L.,67 Liv'st'n av., N. Bruns'k(12) Brown, Harold W., 20 Britton st., Jer. City (9) Brown, Harvey Simpler, Freehold (13) Brown, Jas. S., 43 S. Fullerton, Montclair (7) Brown, Richard J., 148 R'sv'l av., Newark (7) Brown, Stanley R., 480 N. Br'dst., Eliz'b'th(20) Browne, J. Alex., 364 Van Hout'n, Pat'son (16) Bruder, A. J., 303 Varick st., Jersey City (9) Brundage, Philip Edwin, Edgewater (2) Buchanan, J. Hervey, North Plainfield (18) Buck, Alvan O., 55 Cherry st., Elizabeth (20) Buckley, Charles F., Edgewater (2) Buechler, Juls, 437 16th st., W. New York (9) Buerman, Wm., 352 Belmont av., Newark (7) Buermann, Robert, 218 Grafton av., Newark (7) Buhrman, Isidore Phineas, Woodbine (5) Bull, Edward L., 2 Madison av., Jersey City(9) Bullen, Victor S., 148 Hamilt'n av., Pat'son(16) Bullock, Wm. L., Le Grand Apts., Atl. City (1) Bumstead, Chas. V.R., 235 Grafton av., New'k (7 Bunn, Frank O., 22 Hillyer st., Orange (7) Bunnell, F. N., Barnegat (15) Bunting, P.DuBois, 1060E. Jer.st., Eliz'b'th(20) Burd, Lewis S., Ogdensburg (19) Burd, · William J., Belvidere (21) Burne, John J., 549 Central av., Newark (7) Burns, Edward L., 269 Broad st., Newark (7) Burt, F. C. Hammonton (1) Bush, Archer C., Bloomfield av., Verona (7) Bushey, Henry F., 701 Pine st., Camden (4) Bushey, Sylvan G., 508 Haddon av., Camden (4) Butler, Eustace Cameron, Caldwell (7) Buttner, Carl, Day st., cor. White, Orange (7) Buvinger, Chas. W., 50 Wash'ton st., E. Orange (7) Calhoun, Charles, Rutherford (2)

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Campbell, Wellington, Short Hills (7) Campbell, William K., chm., Long Branch (13) Campbell, Charles M., 642 Main, Pat'son(16) Canning, C. H. Galbraith Apts., Atl. City (1) Carman, Fletcher F.,169 Clerm't av., Montc'r(7) Carman, John H., Plainfield (20) Carpenter, Abram E., Boonton (14) Carpenter, William H., Salem (17) Carrigan, Eugene S., Point Pleasant (15) Carrington, Wm. J. 905 Pac. av., Atl. City (1) Carroll, Edgar, Main st., Dayton (12) Carroll, Wm. H., 154 Lex'ton av., Passaic (16) Case, Levi W., 41 Park st., Montclair (7) Carter, Helen L., Maplewood (7) Casperson, Robt., 215 N. 3d st., Camden (4) Casselman, Arth. J., 317 Penn st., Camden (4) Cassady, J. B., Burlington (3) Cassidy, John M., 35 Bergen av., Jer. City (9) Cater, Doug. A., 59 Harrison st., E. Orange (7) Caverly, Fred S., 154 Passaic st., Passaic (16) Cecire, Joseph, 148 Adams st., Newark (7) Cestello, William Francis, Dover (14) Chalfant, Harry B., Mullica Hill (8) Chamberlain, Aims R., Maplewood (7) Chamberlain, John B., Sergeantsville (10) Chambers, Talbot R.,15 Exch'ge pl.,Jer. City(9) Chandler, Wm. J., 123 Milligan pl. S.Orange (7) Chapman, E. J., 235 Fulton st., Jersey City (9) Chard, John A., 14 Virginia av., Jer. City (9) Chard, Marie L., Lakewood (15) Charlesworth, Irving E., Bridgeton (6) Charlesworth, Ralph R., Millville (6) Charlton, C. Coulter, 114 S. Ill. av., Atl. City(1) Charton, C. Courter, 114 S. III. av., Atl. City(1)
Chase, William Earl, 187 Main av., Passaic(16)
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Christian, Albion C., Irvington (7)
Cladek, Walter E., Rahway (20)
Clark A. Schuyler, 38 E. 47th, N. Vork (12) Clark, A. Schuyler, 38 E. 47th. N. York (12) Clark, Emma C., Dover (11) Clark, Frank, White House Station (10) Clark, Franklin E., Ryanhurst Apt., Atl. City(1) Clark, J. Henry, 12 Walnut st., Neawrk (7) Clark, William A., 51 W. State st., Trenton (11) Clark, Worth, 1616 Pacific av., Atl. City (1) Clarke, J. W., Lyndhurst (2) Clawson, Marcus L., Plainfield (20) Clay, Thomas A., 353 Totowa av., Pat'son (16) Clement, Edgar, 124 W. Main, Haddonfield (4) Clement, Edw. B., 107 S. Virg'a av., Atl. City(1) Clement, Ruth, National Park (8) Closson, Edward W., Lambertville (10) Cobb, Geo. H., Irvington av., S. Orange (7) Coe, Richard, 11 Warren st., Newark (7) Coen, Lawrence, 36 Passaic av., Clifton (16) Coffey, Michael J., 216 Bank st., Newark (7) Cogan, Henry, 81 Bridge st., Paterson (16) Cohen, Nathan A., Wildwood (5) Cohn, Hermann, 281 Mulberry st., Newark (7) Cohn, Royal M., 78 Elizabeth av., Newark (7) Coit, Henry L., 277 Mt. Prospect, Newark (7) Colfox, Wm. S., Pompton Lakes (16) Cole, Blaise, Newton (19) Cole, Martin, Hainesville (19) Coleman, Austin H., Clinton (10) Coleman, Joseph G., Hamburg (19) Coles, J. Ackerman, Scotch Plains (20) Collier, William S., 723 S. Br'd st., Trenton(11) Comando, H. N., 407 Littleton av., Newark (7) Conaway, Walt P.,1723 Pacific av., Atl. City (1) Condict, Alice B., 14 Cleveland st., Orange (7) Condict, Arthur W., Dover (14) Condon, John F.,686 Mt. Pros. av., Pelleville (7) Condon, Win. J., 50 Liv'gst'n av., N. Bruns'k (12) Cone, Ralph Spencer, Westwood (2) Conlon, Philip, 16 Lombardy st., Newark (7) Connell, John, 977 Summit av., Jersey City (9) Conover, Elsworth E., Hasbrouck Heights (2) Conover, John H.P., 1077E. Jer.st., Eliz'b'th (20) Conover, J. V., Elmer (17) Conrad, Edgar K., Hackensack (2) Conroy, John, Burlington (3) Conty, Arth. J., 423 Bergenline av., W.N.Y'k(9) Cook, Frank B., Laurel Springs (4) Cook, Hugh F., 366 Sussex av., Newark (7) Cook, John, 38 East 22d, st., Bayonne (9) Cook, Riehard L., Dover (14) Cook, Mary, 15 Fulton st., Newark (7) Cooke, Wm. H., 10 N. Munn av., E.Orange (7) Cooper, Edward P., Parsippany (14) Cooper, J. Howard, East Millstone (18) Harold D., Plainfield (20) Corbusier, Cornell, Virgil H., Overb'k Hosp. Ced'r Grove (7) Corson, Allen, Ocean City (5) Corn, David, Ridgefield Park (2) Cornell, VanAlstyne H.,41W.Statest., Tr'nt'n(11) Cornwell, Alfred, Bridgeton (6) Cornwell, W. Leslie, Bridgeton (6) Corson, Elton S., Bridgeton (6) Corrigan, Geo. F., 344 Lafayette st., Newark (7) Cort, Paul L., 144 W. State st., Trenton (11) Corwin, Fred M., 696 Ave. C, Bayonne (9) Corwin, Theo. W., 671 Broad st., Newark (7) Cory, Horace C., 224 Broad st., Newark (7) Cosgrove, Samuel A., 254 Union st., Jer. City(9) Costill, Henry B., 21 N. Clinton av., Trenton (11) Cotton, Henry A., N. J. State Hos., Trenton (11) Cotton, N. T., 219 Graham av., Paterson (16) Coultas, Aldo B., Madison (14) Courtwright, Everett P., 11 Centre st., New'k(7) Cox, Rowland, Jr., 287 B'way, Paterson (16) Craig, Burdette P., 15 Exh'nge pl., Jer. City(9) Cramer, Alfred, Jr., 218 N. 5th st., Camden (4) Crane, Chas. G., 73 Sherman av., Newark (7) Crane, Josiah W., N.J. State Prison, Trenton (7) Crater, Ellis W., Ocean Port (13) Craven, Joseph J., 306 Varick st., Jer. City(9) Craythorn, Ch. J., 302 W. State st., Trenton(11) Cregar, Peter B., Plainfield (20) Cropper, Charles W., 85 Gifford av., Jer. City(9) Crounse, David R., 84 Bloomfield, Passaic (16) Crudden, Francis, 227 Warren st., Jer. City(9) Cummins. G. Wyckoff, Belvidere (21) Currie, Norman W., Plainfield (20) Curry, Mareus A., Greystone Park (14) Curtis, Frank W., Stewartsville (21) Curtis, Grant P., 120 N. Y. av., Town of Union (9 Curts, Robt. M., 641 E. 18th st., Paterson (16) Cuskaden, Albert D., 2 S. Mich. av., Atl. City (1) Culver, Geo. M., 23 Glenwood av., Jer. City (9) Culver, S. Herb., 64 Magnolia av., Jer. City (9)

Dallas, Alexander, Florham Park (9)
Daly, Bert, 146 Ave. C, Bayonne (9)
Dane, Chas., 102 Irvington av., S. Orange (7)
Dane, John, 52 Vose av., South Orange (7)
Daniell, Arthur, 529 Springfield av., E. Orange (7)
Danzis, Max, 46 Mercer st., Newark (7)
Darlington, Elmer P., New Lisbon (3)
Darnall, Wm. E. 1704 Paeific av., Atl. City (1)
Davenport, George S., Garfield (16)
Davenport, Peter B., S. Or. av., Vailsburgh (7)
Davies, Geo. W., Es. Co. Ins. Hosp., Verona (7)
Davidson, Louis L., 116 Spruee st., Newark (7)
Davis, Albert B., 511 Cooper st., Camden (4)
Qavis, Byron G., 1500 Paeific av., Atl. City (1)
Davis, Henry H., 522 Linden st., Camden (4)

Davis, Henry V., North Branch (18) Davis, Lester R., 58 Elizabeth av., Newark (7) Davis, Richard M. A., Salem (17) Davis, W. Price, Jr., 1721 Pac. av., Atl. City(1) Day, Grafton E., 659 Had'n av., Collingsw'd (4) Day, Harris, Chester (14) Day, S. Thomas, Port Norris (6) Dean, Elvira Dudley, Morristown (14) Dean, Jennie A., Morristown (14) Decker, Clint. L., 710 Ovean av., Jersey City(9) Deeker, Frederick H., Frenchtown (10) Dedrick, Thomas S., Washington (21) DeGroot, George S., Mendham (14) DeGrofft, Vernon E., Swedesboro (8) DeGrofft, Eugene E., Woodstown (17) DeJager, Simon 83 Bridge st., Paterson (16) Demarest, F'd'k F.C.,29 Ac'd'my st., Passaic (16 De Merritt, Ch. L., Terminal Bldg., Hoboken (9) De Mund Cornelius A., Ridgewood De Mund, John F., Ridgewood (2) Dengler, Henry P., Springfield (20) Denig, Ralph, Hackensack (2) Dennis, John, Homestead, Dade Co., Florida (7) Denton, Peter P., 951 Madison av., Paterson (16 Derivaux, John A., 156 Hunt'don st., Newark (7 De Vausney, Win. S., 6 Lomb'dy st., New'k(7) Devlin, Frank, 98 Congress st., Newark (7) Devlin, Hugh J., 72 Thomas st., Newark Dias, Joseph L., Schubert Bld., Newark (7) Dickinson, Gordon K.,280 M'tg'm'y st.,Jer.C'y(9 Dieffenbach, Rieh.H.,570 Mt. Pros.av., N'w'k(7) Dinglesteadt, R. H., 619 Hudson st., Hob'k'n (9) Dingman, Thos. A., 215 B'way, Paterson (16) Disbrow, Wm. S., 151 Orehard st., Newark (7)
Disbrow, Vanderhoef M., Lakewood (15)
Diverty, Henry B., Woodbury (8)
Dix, J. Morgan, Cape May C. H. (5) Dodd, Edward L., Smith st., Bellville (7) Dodge, Walter, 32 Cleveland st., Orange (7) Doherty, Harry A., 2 S. Stenton pl., Atl. City(1) Dolan, Thomas E., 250 1st av., Elizabeth (20) Donges, John W., 525 B'way, Camden (4) Donnelly, Robert J., 26 Wallace pl., Newark (7) Donohue, D. J., 287 Hudson Boul'v'd, J. City(9) Donohue, Frank M., 139 Alb'nyst., N. Bruns'k (12) Donohue, Frank B., 389 Main st., Paterson (16 Donohue, Lucius F., 33 Dodge st., Bayonne(9) Doremus, Widmer E., 106 Midl'd av., Arl'ton(9) Dougherty, Arthur C., 158 Wash'ton, New'k (7) Douglas, James, Morristown (14) Douglas, John S., Cape May City C. H. (5) Dowling, Charles E., 215 Park av., Orange (7) Downs, A. L., Riverside (3) Drake, Daniel E., Newfoundland (16) Drake, Francis J., Phillipsburg (21) Drassel, Gustave W., 91 Jerffers'n st.,H'b'k'n(9) Drews, Hugo, 145 Lexington av., Paterson (16) Dubell, John E., Columbus (3) DuBois Francis E., N Plainfield (20) Duckett, Warren J.,932 Summit av., Jer.City(9) Duffield, Elias M., Glassboro (8) Dukes, Howard R., 208 Kearny av., Kearny (9) Duncan, Owsley B., 218 Br'dway, Paterson (16 Dundon, Arthur H., North Plainfield (18) Dunham, Henry B., Glen Gardner (10) Dunkel. Edwin K., 278 M'tg'm'y st.,Jer. City (9) Dunlap, Thos. G., 923 Pac. av., Atl. City (1) Dunn, Fred V., 623 S. 3d st., Camden (4) Dunn, James C., Franklin Park (12) Dunning, Charles M., Franklin Furnace (19) Dunning, Walt. L. 533 River st., Paterson (16) Duryee, John L., 436 High st., Newark (7) Dusenberry, Edwina F.,843M'tg'm'yst.,Jer.C'y(9 Dwyer, Wm. A., 123 Park av., Paterson (16) Dyer, Florence A., 30 Midl'd av., E. Orange (3)

Eagleton, Wells P., 15 Lomb'dy st., Newark (7) Eaton, Alvin R., Jr., 1157 E.Jer.st., Eliz'b'th(20) Edgar, Jos. A., 71 Congress st., Jer. City (9) Edsall, Frank H., 70 Tonncle av., Jer. City (9) Edwards, George L., Bogota (2) Edwards, James Bennett, Lconia Edwards, Philip H., 113 Summit st., New'k (7) Edwards, Sarah M., 207 Sum'r av., Newark (7) Elliot, Daniel, 44 Bleecker st., Newark (7) Elliot, Walter R., West Collingswood (4) Ellis, Alfred L., Sanatorium, Metuchen (12) Elmer, Matthew K., Bridgeton (6) Elsing, Henry C., Ridgefield Park (2) Elwell, Alfred M., 407 Cooper st., Camden (4) Ely, Lancelot, Somerville (18) Emerson, Linn, 234 Main st., Orange (7) Emory, Geo. B., 31 Lincoln Park, Newark (7) Endicott, George W., Plainfield (20) English, David C., 389 George st., N.Bruns'k(12) English, David E., 113 Sum't av., Sumit (7) English, James R., 51 Cypress st., Newark (7) English, John T., 781 Clinton av., Newark (7) English, Samuel B., Glen Gardner (10) Enright, Jas. G., 311 York st., Jersey City (9) Epler, Dow A., 82 Congress st., Newark (7) Epstein, Henry B., 465 High st., Newark (7) Erler, Eugene W., 119 N. 5th st., Newark (7) Essertier, Edward P., Hackensack (2) Evans, Britton D., Greystone Park (14) Everitt, Chauncey V., 38 Boyd av., Jer. City (9) Ewen, Warren L., Alloway (17) Ewens, Arthur E., LeGrand Apt., Atl. City (1)

Faber, John, 289 Central av., Jersey City (9) Failing, Brayton, E., Atlantic Highlands (13) Faison, Wm., F., 45 Glenwood av., Jer. City(9) Farkas, Morris, 266 Watchung av., W.Orange(7) Farrow, J. Willard, Dover (14) Farr, John C., Jr., 1228 Bl'mfi'd st., H'b'ken(9) Faughnan, Rose C., 380 Lafayette, Newark (7) Faulkingham, R.J., 222 Handy st., N. Bruns'k (12) Federman, Phil. H., 220 Fairm't av., Newark (7) Fee, Elam K., Lawrenceville (11) Feigenoff, Israel, 78 Hamilton av., Paterson(16) Feldman, Max, 51 13th av., Newark (7) Felty, John C., P. O. Box 258 Trenton, (11) Feury, N. Fred, Bergen sq., Jersey City (9) Fewsmith, Joseph, 47 Central av., New'k (7) Fewsmith, Jos. L., 76 Central av., New'k (7) Field, Edwin, Red Bank (13) Finke, Charles H., 317 York st., Jer. City (9) Finke, George W., Hackensack (2) Finke, John H. D., Hackensack (2) Finklestein, Abraham, 262 High st., Newark (7) Finn, Fred'k A., 157 Danforth av., Jer. City (9) Finnerty, John H., 217 8th st., Jer. City (9) Fischer, Wm. C., 862 S. Or. av., Vailsburgh (7) Fish, Clyde M., Pleasantville (1) Fisher, Armin, 42 16th av., Newark (7) Fisher, Claudius R. P., Bound Brock (18) Fisher, E. Moore, Greystone Park (14) Fisler, C. Frank, Clayton (8)
Fitch, George W. H., Daretown (17)
Fithian, Geo. W., 266 High st., P. Amboy (12)
Fithian, Joel W., 608 Broadway, Camden (4) Fitzgerald, Paul, Pru. Ins. Co., Newark (9) Fitzpatrick, Ed. F., 574 Warren st., New'k (7) Flagge, Frederick W., Rockaway (14) Flaherty, Michael E., 292Summit av., Jer. City (9) Fletcher, Zach. P., 23 Cottage st., Jer. City (9) Flictroft, William, 510 River st., Paterson (16) Flood, G. Balleray, 279 B'way, Paterson (16) Flower, Morris A., 167 W. Kin'y st., New'k (7) Flynn, John I., Mt. Holly (3) Flynn, Thomas H., Somerville (18)

Fooder, Horace M., Williamstown (8) Forman, Arch'ld C., 41 W. 32d st., Bayonne (9) Forman, Howard S., 640 Bergen av., Jer. City(9) Forney, Norman N., Main st., Milltown (12) Forstat, S., Haddon Hall, Montclair (7) Fort, J. Irving, 137 Roseville av., Newark (7) Foster, George H. Rockaway (14) Foster, W. Story, 147 Summer av., New'k (7) Fox, Wm. W., 1616 Pacific av., Atl. City (1) Frace, Peter W., 1115 Bl'mfield st., Hoboken(9) Frank, Maurice, 16 W. 22d st., Bayonne (9) Frank, Martice, 16 W. 22d St., Bayoline (s) Frank, Myrtle G., Egg Harbor City (1) Franklin, Charles M., Hightstown (11) Franklin, George H., Hightstown (11) Franklin, Louis, 193 Palisade av., Jer. City(9) Frederick, Gustave H., 349 Camd'n st., New'k (7 Freeland, Frank, Maywood (2) Freeman, Richard D., Vose av., S. Orange (7) Freese, John A., 436 Central av., E. Orange (7) Friele, Eva, 108 Palisade av., Jersey City (9) Friele, William, 108 Palisade av., Jer. City (9) Frisch, Fred'k, 26 So. Penn. av., Atl. City (1) Fritts, H. H., Shiloh (6) Froomes, Leo E., 608 Eliz. av., Eliz'beth (20) Frundt, Oscar C., 92 Batholdi av., Jer. City(9) Fulper, Theodore B., Hampton (10) Funk, Joseph, 615 Elizabeth av., Elizabeth (20) Funkhouser, Edgar B., St. Hosp., Trenton (11) Furman, B. A., 195 Roseville av., Newark (7) Furst, Nathan, 39 Belmont av., Newark (7) Fyfe, Geo. D., 540 Bramhall av., Jersey City(9)

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Gorton, Eliot, Summit (14) Goudy, Elmer, 187 Kearny av., Kearny (9) Gould, Geo. M., 401 Oriental av., Atl. City (1) Gould, J. Howard, 720 Ave C, Bayonne (9) Grady, W. F., 42 N .Fullerton av., M'telair (7) Graff, Effie R., Somerville (18) Graham, A. F., 54 Park av., Paterson (16) Granelli, Mich. S., 102 Bl'mf'ld st., Hoboken(9) Granger, Wm. R., 27 Wallace pl., Newark (7) Graves, Wm. B., 426 Main st., East Orange (7)

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Green, James S., 463 N. Br'd st., Elizabeth)20) Green, Wm. H., 58 E. Kinney st., Newark (7) Greenbaum, Sol., 142 W. Kinney, Newark (7) Greenberg, Sam'l, 67 Stratford pl., Newark (7) Greene, James S., 242 Harrison av., Jer. City(9) Greenfield, Bernard H., 205 S. Or. av., New'k(7) Greengrass, Jacob J. 117 Patersonst., Paterson (16 Grier, Edgar B.,400 W'stm'sterav., Eliz'b'th(20) Griesemer, Z. D., Roselle (20) Griffiths, Chauncy B., 257 Clint'n av., New'k(7) Grim, Francis S., Baptisttown (10) Griscom, Isaae N., Oeean City (5) Griswold, James B., Morristown (14) Gross, Herman, Main st., Mctuchen (12) Gruessner, Anthony, Alb'ny st., N. Bruns'k (12) Guenther, Emil E., 159 W. Kinney, New'k (7) Guidi, G. M., 632 Third av., Elizabeth (20) Guion, Edw., 34 So. N. C. av., Atlantie City (1) Gutherson, Wm. F., Hamilton Apt., Paterson (16 Gutmann, Benj.,418 George st., N. Bruns'k (12)

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Haines, Eleanor, 934 Broad st., Newark (7)
Haines, J. Clifford, Vincentown (3)
Haines, J. Ridgeway, Mt. Holly (3) Haines, Roland I., 300 Kaighn av., Camden (4) Haines, Willets P., Ocean City (5) Haley, John J., Gloucester City (4) Hall, William J., 438 E. State st., Trenton (11) Hallett, Frederick S., Hackensack (2) Halloway, J. Morgan, 539 Sum'it av., Jer. City (3) Halsey, Levi W., 40 Chureh st., Montelair (7) Halsey, Luther M., Williamstown (8 Halsted, Charles F., Somerville (18) Hamil, Robert H., Summit (20) Hamill, Pat'k J. 300 Variek st., Jer. City (9) Hampton, George R., Greystone Park (14) Hanan, Jas. T., 11 The Creseent, Montelair (7) Hance, Irwin Howell, Lakewood (15) Hand Anna M., 122 So. 17th st., Phila.. Pa. (5) Hanrahan. J. M., 1111 Magnol.av., Eliz'b'th (20) Hanson, Edw. K., Madison Bldg., P. Amboy (12) Harbert, George Eugene, Beverly (3) Harden, Albert S., 540 Warren st., Newark (7) Harreys, Chas. W., Ridgewood (16) Harp, Henry J., Sussex (19) Haring, J. J., Tenafly (2) Harman, Harry M., Frenchtown (10) Harmon, Wm. J., 1162 E. State st., Trenton(11) Hardenburg, Dan'l S.,347C'm'nip'wav.,Jer.C'y (9 Harris. Frank P., Canton (17) Harris, H. Crittenden, Glen Ridge (7) Harris, Philander A., 26 Church Paterson (16) Harrison, Joseph B., Westfield (20) Hart, Hugh M., 300 Mt. Pros. av., Newark (7) Harvey, Edwin H., 20 N. Fla. av., Atl. City (1) Harvey, HenryT., Jr., Atl. & Mor. avs., Atl. City (1) Harvey, Thos. W., Main & Hillyer, Orange (7) Harvey, Thos. W., Jr., Main st., Orange (7) Haskings, Arthur P.,318 M'tg'm'yst.,Jer.City(9) Haussling, Francis R., 661 High st., New'k(7) Haven, Samuel C., Morristown (14) Hawke, Edw. S., 124 E. Hanov. st., Trenton (11) Hawkes, F. Zeh, 14 Fulton st., Newark (7) Hay, Joseph S., 255 High st., P. Amboy (12) Haydon, Jos. H., 32 Gould av., New'k (7) Heath, Louanna, 19 N. 6th st., Newark (7) Heatherington, Wm. L., 299 Varick st., J. C'y(9) Hedges, Benjamin Van D., Plainfield (20)

Hedges, Ellis W., Plainfield (20) Hegeman, Runkle F., Somerville (18) Heil, A. Arting, Frenchtown (10) Heintzelman, Bert. E., 19 W. 33d st., Bayon'e (9 Hemsath, John, 36 Spruee st., Newark (7) Hendrickson, Henry A., Atl. Highlands (13) Hendrickson, Daniel D., Middletown (13) Henion, E. Lucas, 16 Church st., Paterson (16) Henriques, Henry A., Morristown (14) Henry, Frank C., 256 State st., P. Amboy (12) Henry, George, Flemington (10) Herschell, Louis K., Greystone Park (14) Hepburn, William M., Freehold (13) Herbener, Eugene Garfield, Lakewood (15) Heritage, Charles S., Glassboro (8) Herold, Her. C. H., Jr., 1012 Broad, New'k (7) Herold, Herman C. H., 1012 Broad, New'k (7) Hewson, James S., 431 Avon av., Newark (7) Hexamer, Fred, 118 Wickliff st., Newark (7) Hicks, William H., 768 High st., Newark (7) Hilfer, Sigman C., 226 16th st., W.New York (9) Higgins, Thos. F.,461 Will'm st., Eliz'b'th(20) Hill, Chas. F., 51 Hamburg pl., Newark (7) Hillegass, Eugene Z., Mantua (8) Hilliard, William T., Salcm (17) Hinckley, Livingst'n S., 182 Clint'n av., N'w'k (7 Hires, Nathaniel S., Salem (17) Hirsch, Riehard, 175 Oeean av., Jer. City(9) Hirst, Levi B., 586 Fcderal st., Camden (4) Hitehcock, W. E., 55½ Belleville, Newark (7) Hoagland, B. W., Woodbridge (20) Hoening, Chas. 928 Hudson st., Hoboken (9) Hofer, Clarence A., Main st., Metuchen (12) Hoffman, Florentine M., 91Bayard st., N. B'k(12) Hoffman, Peter, 209 Pavonia av., Jer. City(9) Holden, Edgar, Jr., 617 Mt. Pros., Newark (7) Holler, Henry B., 234 Montclair av., New'k (7) Hollingshead, Enoeh, Pemberton (3) Hollingshead, Irving W., 123 S. 18th st., Phil (3) Hollingshead, Lyman B., Pemberton (3) Hollister, L. Eugene, 138 Clinton av., New'k(7) Hollinshead, Ralph K., Wcstville (8) Holcombe, Ch. H., 46 W. State st., Trenton (11) Holmes, Edwin, Englewood (2) Holmes, Gco. J., 17 Elizabeth av., Newark (7) Holmes, T. J. E., 79 Hamilton av., Paterson(16) Holt, Edw. Z., Ch'dr'n's Seash e H'se, Atl. C'y(:) Hommell, Philm'n S.,689 Berg'n av., Jer. City (9) Hood, Bruno, Newton (19) Horn, James Francis, Morris Plains (14) Horning, Frank L., 623 Market st., Camden (4) Horsford, F. C., 305 Belleville av., Newark (7) Hosp, Paul H., 8 Parkhurst st., Newark (7) Hotwet, Henry A., 4 Clifton tcr., Weeh'k'n (9) Houck, Wm. J., 110 Bloomfield av., New'k (7) Howard, J. Edgar, Haddonfield (4) Howley, Barth.M., 421 George st., N. Bruns'k (12) Hubbard, Fayettc E., 45 Church st., M'telair (7) Hubbard. Harry V.,420 Centr'lav.,Plainfi'ld(20) Hubbard, Samuel T., Edgewater (2) Huff, Edmund N., Englewood (2) Huger, Joseph, Fort Lce, (2) Hughes, Frank R., Cape May City (5) Hughes, Frederick J., North Plainfield (18) Hughes, Morgan D., 1 Park pl., Bl'mfield (7) Hummel, Ernest G., 501 State st., Camden (4) Hummel, Lester H., Salem (17) Hunt, A. Clark, Holly st., Metuchen (12) Hunt, Ralph H., 29 Harrison st., E. Orange (7) Hunter, James, Jr., Westville (8) Hurff, Joseph E., Blackwood (4) Husserl, Siegfried, 777 Clinton av., New'k (7) Husted, Joseph M., Woodstown (17) Hutchinson, A. Dunbar, 419Chestnut, Trent'n (11 Ill, Charles L., 188 Clinton av., Newark (7) Ill, Edgar Alexander, 1002 Broad st., New'k(7) Ill, Edgar J., 1002 Broad st., Newark (7) Illes, Bela G.,155 Bayard st., N. Bruns'k (12) Ingling, Harry W., Freehold (13) Ireland, Milton S., 23 So. Cal. av., Atl. City (1) Iszard, Ralph J., Haddonfield (4) Iszard, William H., 411 N. 4th st., Camden (4) Ives, Edward I., Little Falls (16)

Jacob, Albert N., Sparta (19) Jacob, William H., 99 N. Main, Paterson (16) Jacobson, Fred'k C., 969 Broad st., New'k (7) Jacques, J. Eugenia, 74 Waverly st., Jer.City(9) Jacquith, Walter J., Chatham, New Jersey (9) Jaffe, Joseph, Woodbine (5) Jaffin, Abraham E., 483 Jersey av., Jer. City(9) James, Henry C., Mays Landing (1) James, William H., Pennsville (17) James, William, German Valley (14) Jarrett, Harry, B'way & Cherry st., Camden (4) Jedel, Meyer, 125 4th st., Newark (7) Jennings, Ch. H., N. Centre st., Merch'tv'le (4) Jennings, George A., Burlington (3) Jennings, William B., Haddonfield (4) Johnson, George L., Morristown (14) Johnson, Frederick L., Stanton (10) Johnson, Jotham C., 10 Chestnut st., New'k(7) Johnson, Walter B., 170 B'way, Paterson (16) Johnston, Henry T., Pedricktown (17) Jonah, Wm. E., 1710 Pacific av., Atl. City (1) Jones, Fred C., Basking Ridge (18) Jones, J. Morgan, 2800 Boulev'd, Jer. City (9) Jones, Ralph R., Toms River (15) Jones, William W., 301 Penn st., Catmden (4) Joy, J. Addison, 1920 Pacific av., Atl. City (1) Joyce, Leo. H., 259 Madison st., Passaic (16) Justin, A.W.,548 Humboldt st., Town of Union (9) Justin, J. C., 784 Bergenline av., W.New York (9

Kain, Wm. W., 5th and Pine sts., Camden (4) Kaiser, J. Jay, 518 Hudson st., Hobeken (9) Kane, Chas. J., 307 Van Houten st., Paterson (16 Kane, Thomas J., 349 Grand st., Paterson (16) Kashkevich, John J., 341 Walnut st., Newark (7) Kaucher, Howard L., Bound Brook (18) Kaufhold, Frank. 41 Leslie st., Newark (7) Kaufman, Louis J., Millville (6) Kauffman, Ernest, 55 New st., Newark (7) Keating Ch. A., 184 Ellison st.. Paterson (16) Keating, Walt F., Wyckoff (16) Keegan, Thos. J., 156 Clinton av., Jer. City (9) Keefe, Stephen J., 517 N. Broad, Elizabeth (20) Keeney, Cadwell B., Summit (20) Keim, William F., 25 Roseville av., New'k (7) Kelchner, Wm. I., 942 Cooper st., Camden (4) Keller, Frank J., 379 Totowa av., Paterson (16) Keller, Syd. C., 166 Washington st., New'k (7) Kelly, Chas. B., 85 Bowers st., Jersey City (9) Keppler Carl R., 2 West 86thst.,N Y. City(20) Kennard, Wm. S., 762 Broad st., Newark (7) Kent, George R., 37 8th av., Newark (7) Kent, Morton M.,231 N.Warren st., Trent'n(11) Kerns, Francis J., 17 Fairmount av., New'k (7) Kessler, Henry B., 16 Norfolk st., Newark (7) Kice, Henry W., Wharton (14) Kinch, Frederick A., Westfield (20) King, Chester A., Oradell (2) King, Geo. W., 239½ Second st., Jer. City (9) Kip, Henry, 90 Fair st., Paterson (16) Kirk, Grant E., 1717 Broadway, Camden (4) Kirkman, Leroy G., 260 Orange st., Newark (7) Kirkpatrick, Murray B., 925S. Clint'n, Trent'n (11 Kitchen, Jos. M. W., 94 Pros. st., E. Orange(7) Kline, William, Phillipsburg (21)

Knapp, Richard E., Hackensack (2) Knauer, George, 16 Third st., Elizabeth (20) Knecht, Cyrus, Matawan (13) Knight, Geo. B., 3409 Federal st., Camden (4) Knight, Samuel R., Spring Lake (13) Knowles, Frederick E., Boonton (14) Knowles, James S., Tuckahoe (5)
*Knowlton, Wni.W., 620 Benson st., Camden (4) Knowles, Francis E., 162 S. Or. av., S. Or. (7) Knox, Charles A., Ridgefield Park (2) Koch, Louis A., 16 Chestnut st., Newark (7) Koch, Geo. J. P., 144 Carroll st., Paterson (16) Koplin, N. H., 505 S.Warren st., Trenton (11) Koppel, Joseph A., 122 Mercer st., Jer. City (9) Koppel, Leo. A., 125 Palisade av., Jer. City (9) Korneman, Henry A., 262 15th av., Newark(7) Kraker, David A., 236 Broad st., Newark (7) Krans, Clara DeH., Plainfield (20) Krans, Edward S., Plainfield (20) Kraus, F. Irwin, Chatham (14) Kuehne, Rich'd, 1118 Summit av., Jer. City (9) Kudlich, Wm. L., 408 Hudson st., Hoboken (9) Kumpf, Reba Lloyd, Bridgeton (6) Kupperman, Isaac., 49 Hillside pl., Newark (7) Kyte, Calvin F., 77 Garrison av.. Jer. City (9)

Lake, Wilson A., Erma (5) Laird, George S., Westfield (20) Lalor, Wm. S., 220 N. Warren st., Trenton(11) Lambert, Fred'k E., 157 Ocean av., Jer. City(9) Lamont, Geo. F. M., 194 Clinton av., New'k (7) Lampson, Mortimer, Mountain Lakes, N. J. (9) La Motte, W. Oscar, Wilmington, Del., (3) Lamson, William J., Summit (20) Lamy, Anthony W.,132 E. Jer., Elizabeth (20) Lane, Frank B., 528 Main st., E. Orange (7) Landis. Edwin W., Stillwater (19)
Langsdorf, Harold, Mt. Holly (3)
Langstroth, Fred W., Ridgefield Park (2)
Lansing, James B. W., Tenafly (2) La Riew, Frederick J., Washington (21) Larkey, Chas. J., 44 W. 22d st., Bayonne (9) Lathrope, George H., Morristown (14) Lawrence, H. R., 1721 B'walk, Atlantic City (1) Lawrence, George W., Lakewood (15) Lawrence, I. Alfred, 1086 Eliz. av., Eliz'b'th (20) Lawrence, William H., Jr., Summit (20) Lawton, Anderson A., Somerville (18) Leach, Alonzo L., Cape May City (5) Leaver, Morris H., Quakertown (10) Leavitt, John F., 520 N. 3d st., Camden (4) Lee, Bernard R., 901 Pacific av., Atl. City (1) Lee, Stephen G., 29 Halsted st., E. Orange (7) Lee, Thomas B., 622 Cooper st., Camden (4) LeFevre, Adrienette, Blackwood (4) Lehlbach, Ch. F., 22 Breintnal pl., New'k (7) Leining, Albert, 17 Fourth st., W. Hoboken (9) Lemmerz, Theo. H.,141 M'gn'lia av..Jer. City(9) Leonard, Isaac E., 2842 Atl. av., Atl. City (1) LeVine, Israel, 215 Broadway, Paterson (16) Levitas, George M., Westwood (2) Levy, Julius, 191 Littleton av., Newark (7) Levy. Albert L., 1307 Pac. av., Atl. City (1) Lewis, Alfred A., Morristown (14) Lewis, Geo. Rae, 481 Summer av., New'k (7) Lewis, Livingston L.,712Wash'tonst.,H'b'k'n(9) Lewis, Stewart, Lakehurst (15) Leyenberger, Sam'l B. W., 98 3d av., New'k (7) Limeburner, Ch. A., 74 Danf'th av., Jer. City (9) Lindenbaum, Henry, 722 Gard'n st., Hoboken (9) Lindley, Charles L., Lakewood (15) Lippincott, A. Haines, 406 Co'per st., Camden (4) Lippincott, Jesse D., 304 Summer av., New'k(7) Lippincott, Lansing Y., Highl'd av., M't'chen(12) Livengood, Horace R., 1105 E.Jer., Eliz'b'eth (20)

Livengood, Theo. F., 1105 E. Jer., Eliz'b'th (20) Livingston, Paul, 35 S. Arli'gt'n av..E. Or'ge(7) Lockwood, Frank W., 237 Pros. E. Orange (7) Long, Herbert, W., 102 Jefferson st., New'k(7) Long, Isaac S., Freehold (13) Long, William H., Jr., Somerville (18) Long, Wm. S., 32 W. Main st., Haddonfield (4) Longbothum, Geo. W., Dunellen (12) Lore, Harry E., Cedarville (6) Lowits, Otto, 26 13th av., Newark (7) Lowrey, James H., 79 Congress, Newark (7) Lowy, Otto, 549 High st., Newark (7) Lucas, Henry H., 192 VanHouten, Paterson (16) Luck, Paul M. K., 171 Monroe st., Paterson (16) Luippold, Eugene J., 326 3d st., T'n of Union (9) Lund, John L., 267 High st., P. Amboy (12) Luongo, Fredrico, 7 Hurlburt st., Orange (7) Lupin, Edw. E., 39 W. 22d st., Bayonne (9) Lyon, Ernest M., 282 Broad st., Newark (7) Lyon, Leslie C., Magnolia (4)

MacAlister, Wm.W.,333 V. Houten, Paterson (16 MacDonnald, Harry G. Hackensack (2) MacDonald, Jos., Jr., 134 Greenw'd, E. Or'ge(7) MacFarland, James, Burlington (3) MacKellar, James Malcolm, Tenafly MacLaren, William, S., Princeton (11) MacMillan, J. W., 313 Webster av., Jcr. City (9) McAlister, Alex., 582 Federal st., Camden (4) McBride, Andrew F., 397 Main st., Pat'son(16) McBride, Hesser G., 252 Mulberry st., New'k (7) McCabe, Thos. S., 234 Lafayette st., New'k (7) McCartie, David B., 93 4th av., Newark (7) McCormick, Dan. L., 22 E. Kinn'y st., N'w'k(7) McCormack, William G., Whippany (14) McCormick, W.H.J.,St'te&C'nt'ests.,P.A'b'y(12) McCoy, John C., 292 Broadway, Paterson (16) McCroskery, Jas.H., 208 N.Arling. av., E. Or. (7) McDannald, William S., Tenafly (2) McDonald, R. F., Riverton (3) McDede, Frank, 908 Main st., Paterson (16) McDede, J. Searle, 215 Ege av., Jer. City (9) McDowall, John L., 113 Marketst., P. Amboy (12) McElhinney, Dennis R., 206 Eliz., Eliz'b'th(20) McEwen, Floy, 299 Belleville av., Newark (7) McFadden, George Howard, Hackensack (2) McFarland, Burr W.,584 W.Statest., Trent'n(11) McGill, Peter, Bound Brook (18) McGiverin. Edward. 90 Bowers st., Jer. City (9) McGrath, Katherine, Stirling (14) McGuire, Jas. J., 122 W. State st., Trenton (11) McKenzie, Wm. H., 942 Broad st., Newark (7) McKinstry, Frank P., Washington (21) McLaughlin, Geo. E., 41 Cresc't av., Jer.City(9) McLaughlin, Thos. J., 558 Jersey av., Jer.City(9) McLean, John J., 92 Fairview av., Jer. City(9) McLellan, Ceo. O., 11 Hollyw'd av., E. Or. (7) McMurtrie, William A., Mendham (14) McNamara, Thos. C., 613 Hudson st., H'b'k'n(9) McNenney, Claud E., 116 Mercer st., Jer. City(9) McWilliams, John F., Somerville (18) MeVay, Jas. C., 707 Pacific av., At. City (1) Maas, Max A., 329 Clinton av., Newark (7) Mabey, J. Corwin, 242 Cl'rm't av., Montclair (7) Mace, Margaret, Anglesca (5) Machlin, Abram., 211 Lexinton av., Passaic (16) Mackintosh, M. Alex., 237 B'way, Paterson (16) Mackenzie, Thos. H., 528 E.State st., Trent'n(11) Maclay, Joseph A., 239 B'way, Paterson (16) Madden, Edmund H., Absecon (1) Madden, Theop. W., Haddon av., Coll'gs'w'd(4) Madden, Walter, 324 S Broad st., Trenton(11) Magennis, Bryan C., 231 B'way, Paterson (16) Maghee, James M., 7 Main st., W. Orange (7)

Magner, Jos. P., 531 Broadway, Bayonne (9)

Magner, John J., Hackensack (2) Mahaffey, Jesse L., 537 N. 7th st., Camden (4) Mallalieu, Frank W.,16 M'cello av., Jer. City(9) Mancusi-Ungaro, L., 156 Mt. Pros., Newark (7) Mandeville, F. N., 256 Clinton av., New'k (7) Mangella, Joseph A., Vineland (6) Maras, Peter, 80 Tonncle av., Jersey City (9) Marcy, Alexander, Jr., Riverton (3) Marcy, Alexander, Sr., Riverton (4)
Marcy, Fred'k W., 4th & Penn sts., Camden (4)
Marcy, John W., Merchantville (4)
Marcy, Virgil M. D., Cape May City (5) Markley, Paul H., 515 Cooper st., Camden (4) Marks, Edw. G., 655 Kearny av., Arlington (9) Martin, Wm., Ryanhurst Apt., Atlantic City (1) Martindalc, J. W'tson, 2501 Fed.st., Camden (4) Martine, Frank L., 256 Clifton av., Newark (7) Martinetti, Carlo D., 259 Central av., Orange (7) Martland, Harrison S., 113 Broad, Newark (7) Martland, Wm. H., 1138 Broad st., Newark (7) Marsh, Elias J., 24 Church st., Paterson (16) Marshall, Jos. C., 1517 Pacific av., Atl. City (1) Marshall, Randolph, Tuckahoe (5) Marvel, Emery, 1801 Pacific av., Atl. City (1) Marvel, Philip, 1616 Pacific av., Atlantic City(1) Massinger, C. J., Butler (14) Matheke, Otto Geo., 5 S. 4th st., Newark (7) Matthews, Henry E., 12 Hillside av., Orange (7) Matthews, Wm. J., 1009 Garden st., Hoboken (9) Maull, Stewart R., Riverside (3) Maver, Wm. W., 94 Bidwell av., Jer. City (9) Mayhew, Charles H., Millville (6)
Mayhew, S. Dixon, Wildwood (5)
Muta, Samuel A., 47 Park av., W. Orange (7) Meacham, Eug. A., Stevens av., So. Amboy (12) Mead, Sarah R., 37 Fulton st., Newark (7) Mead, Walter G., 585 Kearny av., Arlington (9) Mecray, James, Cape May City (5) Mecray, Paul M., 405 Cooper st., Camden (4) Medd, John Crocker, Maplewood (7) Meeker, Frank B., 63 First st., Newark (7) Meeker, Irving A., 581 V. R'd, Upper M'tclair (7 Meeker, John L., 22 E. Kinney şt., Newark (7) Megaro, Pan. M., 313 High st., Newark (7) Meigh, Josiah, Bernardsville (18) Meinzer, Martin S., 284 Madis'n av., P. A'boy (12) Meloney, Lester Foye, 156 2d st., Clifton (16) Mendelsohn, D. H., 146 B'way, Paterson (16) Mendelshon, Lewis, 272 M'tgomery st., J.City(9 Mendenhall, Clinton D., Bordentown (3) Merceles, Elizabeth, 17 Plymouth, Montclair (7) Mercer, Archibald, 31 Washington, Newark (7) Merrill, Chas. F., Highl'd P'k, N. Bruns'k (12) *Merrill, William H., Somerville (18) Mersheimer, Chr't.H.,258 P'lis'de av., Jer. C'y(9) Metzer, Emma P. W., Riverside (3) Meury, Theo. J. B., 68 Boerum av., Jer. City(9) Meyer, Wm., 446 Clinton av., W. Hoboken (9) Mial, Leonidas L., Morristown (14) Michela, Luigi S.,193 Straight st., Paterson (16) Mikels, Frank M., Greystone Park (14) Miller, D. J. Milton, 127 S. Ill. av., Atl. City (1) Miller, H. Garrett, Millville (6) Miller, Wm. E., 8th & Vernon sts., Camden (4) Mills, Clifford, Morristown (14) Millspaugh, Dan'l T., 45 Totawa av., Paterson (16 Minard, E. Leroy, 201 N. 19th st., E. Orange (7) Miner, Donald, 349 Bergen av., Jersey City (9) Mines, Marcus K., 532 West st., Camden (4) Minningham, Wm. D., 448 High st., Newark (7) Mitchell, Augustus J., 59 South st., Newark (7) Mitchell, Ch. H., 110 Centre st., Trenton (11) Mitchell, Chas. R., 21 Church st., Paterson (16) Mitchell, Henry, Asbury Park (13) Mitchell, Win. D., 23 S Grove E. Orange (7) Moekridge, Osear A., 240 Belleville av., New'k (7) Moenig, Joseph A., Park Ridge (2) Montfort, Robert J., 1051 E. Jer., Elizab'th (20) Mooney, John J., 554 Jersey av., Jersey City(9) Moore, Edward H., Asbury (21) Moore, Geo. R., 259 Hamilton av., Trenton (11) Moore, John H., Bridgeton (6) Moore, John D., 424 Frank'n st., Bloomfild (7) Morley, Graee C., 1302 Garden st., Hoboken (9) Morrill, James P., 310 Broadway, Paterson (16) Morris, Clem., 75 Washington av., Newark (7) Morris, Watson Budlong, Springfield (20) Morrison, Dan. L., 1 Elm row, N. Brunswick (12) Morrison, Ephraim, Newton (19) Morrison, Caldwell, 379 7th av., Newark (7) Morrison, John B., 97 Halsey st., Newark (7) Motzenbecker, P. F., 680 High st., Newark (7) Moulton, Chas. D., 142 Greenw'd, E. Orange (7) Mount, Walter B., Plymouth st., M'tclair (7) Mravlag, Victor, 1062 E. Jersey, Elizabeth (20) Mueller, Geo. H., 266 Summit av., Jer. City (9) Mulford, Ephraim R., Burlington (3) Mullin, Raymond J., 5 W. Park st., Newark(7) Munger, Ray T., Fanwood (20) Munro, H. C., Pleasantville (1) Munson, Arley Isabelle, Vineland (6) Murn, Charles J., 48 Smith st., Paterson (16) Murray, Eugene W., 91 Wash't'n av., New'k(7) Murray, William H., Plainfield (20) Mulvaney, Edward, 489 Jersey av., Jer. City(9) Muttart, Geo. W., 702 Ocean av., Jer. City (9)

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O'Brien, Paul, Carlstadt (2)
O'Connor, James F. 286 Ch'stn't st., Kearny(9)
O'Crowley, Clarenee R., 12 Lomb'dy, New'k(7)
O'Donnell, James, 82 Ward st., Paterson (16)
O'Gorman, M. Wm., 38 Erie st., Jersey City(9)
O'Grady, Thos. F.,374 Grand st., Paterson (16)
O'Neill, Chas. L., 11 North 7th st., Newark (7)
O'Reilly, Henry M., Summit (20)
Oestman, Aug.W., 939 Summit av., Jer. City (9)
Ogden, B. Frank, Clayton (8)
Ogden William E., East Rutherford (2)
Oliphant, Nelson B., 152 W.State st., Trent'n(11)
Olpp, Arch. E., 225 Palisade av., W.H'b'k'n(9)

Nuse, Edw. F., 550 1/2 Jersey av., Jersey City (9)

Oliver, David H., Bridgeton (6)
Older, Benj., 520 Clinton av., W. Hoboken (9)
Opdyke, Chas. P., 263 Hud. Boul'v'd, Jer. City (9)
Opdyke, Levings A., 55 Clinton av., Jer. City (9)
Opdyke, Ralph, 27 S. Fullerton, Montelair (7)
Oram, Joseph H., 495 Broadway, Paterson (16)
Orton, George Lee, Rahway (20)
Orton, Henry B., 42 Eaton pl., E. Orange (7)
Osmun, Milton M., 611 B'dway, Canuden (4)
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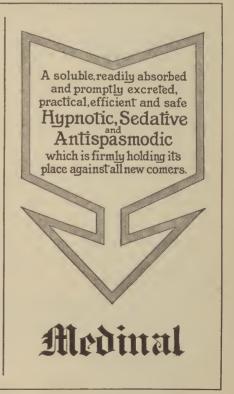
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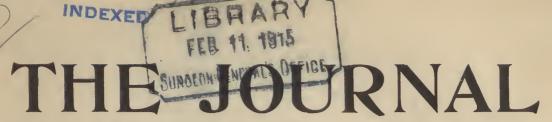
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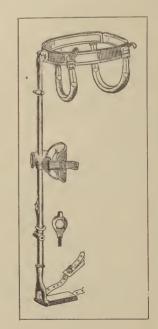
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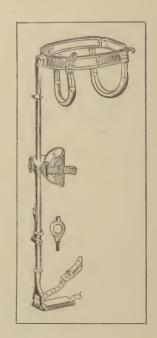
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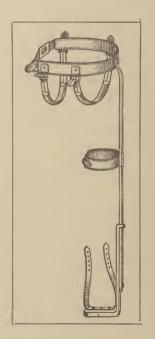
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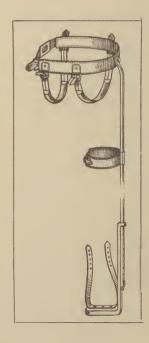
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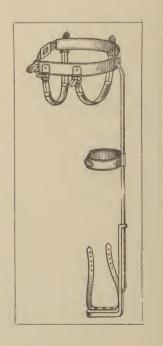
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